

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001623

**Entity Name:** THE EXCLUSIVE WELLNESS CENTER, INC.

**Current Principal Place of Business:**

4210 EMPIRE PLACE  
TAMPA, FL 33610

**Current Mailing Address:**

4210 EMPIRE PLACE  
TAMPA, FL 33610 US

**FEI Number:** 26-1919328

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WRIGHT, ALISHIA S  
4210 EMPIRE PLACE  
TAMPA, FL 33610 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD	Title	TD
Name	WRIGHT, ALISHIA S	Name	SINCLAIR, KENNETH T
Address	4210 EMPIRE PLACE	Address	3657 SUGAR CREEK DRIVE
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	TAMPA FL 33619
Title	SD		
Name	ABDULLAH, DELLA		
Address	2121 BARCELONA WAY SOUTH		
City-State-Zip:	ST PETERBURG FL 33712		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALISHIA SHONTEL WRIGHT

**OWNER**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date