

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007729

Entity Name: DUVAL CENTER FOR HEALTH & WELLNESS, INC.

Current Principal Place of Business:

518 SW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983

Current Mailing Address:

7446 BRUNSWICK CIR
BOYNTON BEACH, FL 33472 US

FEI Number: 27-3305187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUVAL, YANIQUE M.D.
2247 PALM BEACH LAKES BOULEVARD
108
WEST PALM BEACH, FL 33409 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 P
Name ROZEFORT, EDELYNE
Address 7446 BRUNSWICK CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title VP
Name PROPHETE, JACQUELINE
Address 10860 S.W. 135TH TERRACE
City-State-Zip: MIAMI FL 33176

Title S/T
Name CURTIS, IVETTE
Address 1754 PIERSIDE CIRCLE
City-State-Zip: WELLINGTON FL 33414

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: EDELYNE ROZEFORT

PRESIDENT

04/23/2016

Electronic Signature of Signing Officer/Director Detail

Date