

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N13000000925

Entity Name: COMMUNITY HEALTH AND WELLNESS CENTER OF MIAMI INC.

FILED
Sep 19, 2016
Secretary of State
CC9062162786

Current Principal Place of Business:

759 NW 22ND AVE
STE 202
MIAMI, FL 33125

Current Mailing Address:

759 NW 22ND AVE
STE 202
MIAMI, FL 33125

FEI Number: 46-1906764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KENNEDY, DELIA R
10211 SW 13 STREET
MIAMI, FL 33174 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 CHAIRMAN, FOUNDER
Name MOREIRA, MASIEL
Address 759 NW 22ND AVE
STE 202
City-State-Zip: MIAMI FL 33125

Title VC
Name CUETO, MARIO
Address 759 NW 22ND AVE
STE 202
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name BECERRA, LEOPOLDO
Address 759 NW 22ND AVE
STE 202
City-State-Zip: MIAMI FL 33125

Title SECRETARY
Name FUENTES, ELIZABETH
Address 759 NW 22ND AVE
STE 202
City-State-Zip: MIAMI FL 33125

Title COO
Name HERRERA, NOIRALITH M
Address 759 NW 22ND AVE
STE 202
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name HIDALGO, GISELA
Address 759 NW 22ND AVE
STE 202
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name ESTRUMSA, LUISA
Address 759 NW 22ND AVE
STE 202
City-State-Zip: MIAMI FL 33125

Title MEMBER
Name DIEZ, ALEXANDRA
Address 759 NW 22ND AVE
STE 202
City-State-Zip: MIAMI FL 33125

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: GISELA HIDALGO

DIRECTOR

09/19/2016

Electronic Signature of Signing Officer/Director Detail

Date