## 2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N13000000925

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

FILED
Apr 12, 2018
Secretary of State
CC0682764988

## **Current Principal Place of Business:**

759 NW 22 AVE MIAMI, FL 33125

## **Current Mailing Address:**

759 NW 22 AVE

MIAMI, FL 33125 US

FEI Number: 46-1906764 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

MOREIRA, MASIEL 759 NW 22 AVE MIAMI, FL 33125 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: MASIEL MOREIRA 04/12/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CHAIRMAN, FOUNDER, PRESIDENT Title DIRECTOR

AND CEO Name CUETO, MARIO

Name MOREIRA, MASIEL

Address 759 NW 22ND AVE STE 202

STE 202

City-State-Zip: MIAMI FL 33125

Title ELDER, SECRETARY

Name ALEXANDRA , DIEZ
Name ESTRUMSA, LUISA

Address 759 NW 22 AVE Address 759 NW 22 AVE STE 202

31.20

City-State-Zip: MIAMI FL 33125 City-State-Zip: MIAMI FL 33125

Title DIRECTOR Title DIRECTOR

Name COTO, JORGE Name CEDENO, JEANNE ELYSE DR.

 Address
 759 NW 22 AVE
 Address
 759 NW 22 AVE

 City-State-Zip:
 MIAMI FL 33125
 City-State-Zip: MIAMI FL 33125

Title ELDER Title TREASURER

Name PEDROSA, EDELFA Name MARTINEZ, EDWIN JAVIER

 Address
 759 NW 22 AVE
 Address
 759 NW 22 AVE

 City-State-Zip:
 MIAMI FL 33125
 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: MASIEL MOREIRA CEO/P 04/12/2018

Electronic Signature of Signing Officer/Director Detail

Date