

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000925

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

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**8417846624CC**

**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: No**

**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**

**04/30/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, FOUNDER, PRESIDENT  
AND CEO  
Name MOREIRA, MASIEL  
Address 759 NW 22ND AVE  
STE 202  
City-State-Zip: MIAMI FL 33125

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

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

Title DIRECTOR  
Name COTO, JORGE  
Address 759 NW 22 AVE  
City-State-Zip: MIAMI FL 33125

Title DIRECTOR  
Name CEDENO, JEANNE ELYSE DR.  
Address 759 NW 22 AVE  
City-State-Zip: MIAMI FL 33125

Title DIRECTOR  
Name RIVERO GUERRA, MARIA ESTHER  
Address 759 NW 22 AVE  
City-State-Zip: MIAMI FL 33125

Title ELDER  
Name DE LORENZO , CELIA CAROLINA  
Address 759 NW 22 AVE  
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**

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date