

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

DOCUMENT# N13000000925

**FILED**  
**Mar 31, 2017**  
**Secretary of State**  
**CC5829633037**

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

**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:**

MOREIRA, MASIEL  
759 NW 22 AVENUE  
SUITE 202  
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**

**03/31/2017**

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 BECERRA, LEOPOLDO  
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 DIRECTOR  
Name SALEM, MICHAEL  
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: MASIEL MOREIRA**

**CFPCEO**

**03/31/2017**

Electronic Signature of Signing Officer/Director Detail

Date