

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L32752

Entity Name: ALL CARE HEALTH AND WELLNESS CENTERS, P.A.

Current Principal Place of Business:

2875 NE 191 STREET
SUITE 303
AVENTURA, FL 33180

Current Mailing Address:

2875 NE 191 STREET
SUITE 303
AVENTURA, FL 33180 US

FEI Number: 65-0159415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GETTIS, DEAN M
11900 BISCAYNE BLVD.
SUITE 507
NORTH MIAMI, FL 33181 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 KERN, BRAD
Address 2875 NE 191 STREET
SUITE 303
City-State-Zip: AVENTURA FL 33180

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRAD KERN, DC

PRESIDENT

05/19/2016

Electronic Signature of Signing Officer/Director Detail

Date