

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L32752

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

Current Principal Place of Business:

213 NORTH FEDERAL HIGHWAY
SUITE 303
HALLANDALE BEACH, FL 33009

Current Mailing Address:

213 NORTH FEDERAL HIGHWAY
SUITE 303
HALLANDALE BEACH, FL 33009 US

FEI Number: 65-0159415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLFE, RICHARD
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: RICHARD WOLFE

03/27/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name KERN, BRAD
Address 213 NORTH FEDERAL HIGHWAY
SUITE 303
City-State-Zip: HALLANDALE BEACH FL 33009

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: DR. BRAD KERN

PRESIDENT

03/27/2025

Electronic Signature of Signing Officer/Director Detail

Date