

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000035527

**Entity Name:** AMERICAN BACK AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

2699 STIRLING RD  
SUITE C-405  
FT. LAUDERDALE, FL 33312

**Current Mailing Address:**

P.O BOX 741622  
BOYNTON BEACH, FL 33474

**FEI Number:** 65-1025559

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MANDELSTEIN, BRIAN CPRESIDE  
7399 VIA LURIA  
LAKE WORTH, FL 33467 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 PSTD  
Name MANDELSTEIN, BRIAN CPRES  
Address 7399 VIA LURIA  
City-State-Zip: LAKE WORTH FL 33467

*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:** BRIAN MANDELSTEIN

**PRESIDENT**

**03/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date