

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035527

Entity Name: AMERICAN BACK AND WELLNESS CENTER, INC.

Current Principal Place of Business:

2699 STIRLING ROAD
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

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date