

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000090089

**Entity Name:** THERAPEUTIC WELLNESS CENTER, INC.

**Current Principal Place of Business:**

100 MADRID BLVD.  
UNIT 511  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

100 MADRID BLVD.  
UNIT 511  
PUNTA GORDA, FL 33950 US

**FEI Number:** 16-1622253

**Certificate of Status Desired:** No

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

WHITBECK, KARIN  
100 MADRID BLVD.  
UNIT 511  
PUNTA GORDA, FL 33950 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 PD  
Name WHITBECK, KARIN  
Address 3322 SW 2ND STREET  
City-State-Zip: CAPE CORAL FL 33991

*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:** KARIN WHITBECK

PD

03/27/2016

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

\_\_\_\_\_  
Date