

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130606

Entity Name: PHYSIOCARE MEDICAL & WELLNESS CENTER, INC.

Current Principal Place of Business:

8204 CRYSTAL CLEAR LANE
SUITE 1500
ORLANDO, FL 32809

Current Mailing Address:

P.O. BOX 771977
ORLANDO, FL 32877 US

FEI Number: 61-1437137

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHN, ARBOLEDA
8204 CRYSTAL CLEAR LN.
SUITE 1500
ORLANDO, FL 32809 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 D
Name ARBOLEDA, JOHN
Address 8204 CRYSTAL CLEAR LANE SUITE
1500
City-State-Zip: ORLANDO FL 32809

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: JOHN ARBOLEDA

DIRECTOR

05/20/2015

Electronic Signature of Signing Officer/Director Detail

Date