

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000054279

**Entity Name:** PONTE VEDRA WELLNESS CENTER, INC.

**Current Principal Place of Business:**

100 CORRIDOR RD. S.  
SUITE 220  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

100 CORRIDOR RD. S.  
SUITE 220  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 56-2454613

**Certificate of Status Desired:** No

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

WALKER, JAMES V  
1102 A1A N.  
SUITE 108  
PONTE VEDRA BEACH, FL 32082 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 DR.  
Name HAMER, DR. ERIKA R  
Address 100 CORRIDOR RD. S. SUITE 220  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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. ERIKA R HAMER

**PRESIDENT**

**04/30/2021**

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

\_\_\_\_\_  
Date