

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000018683

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

**Current Principal Place of Business:**

14219 PACOSIN CT  
BOKEELIA, FL 33922

**FILED**  
**Jan 06, 2015**  
**Secretary of State**  
**CC2354419637**

**Current Mailing Address:**

14219 PACOSIN CT  
BOKEELIA, FL 33922 US

**FEI Number: 04-3530877**

**Certificate of Status Desired: No**

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

CHERELLA, RONALD J.  
14219 PACOSIN CT.  
BOKEELIA, FL 33922 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	P	Title	T
Name	CHERELLA, RONALD J.	Name	CHERELLA, DIANE
Address	14219 PACOSIN CT.	Address	14219 PACOSIN CT.
City-State-Zip:	BOKEELIA FL 33922	City-State-Zip:	BOKEELIA FL 33922

*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: DIANE CHERELLA**

**T**

**01/06/2015**

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

\_\_\_\_\_  
Date