

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000069597

**Entity Name:** FLORIDA WELLNESS & REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

51 EAST 1ST AVE.  
HIALEAH, FL 33010

**Current Mailing Address:**

PO BOX 1750  
MIAMI, FL 33126 US

**FEI Number:** 20-2834022

**Certificate of Status Desired:** No

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

CERECEDA, MARK A  
51 E 1 AVE  
HIALEAH, FL 33010 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  
Name            CERECEDA, MARK A  
Address        51 EAST 1ST AVE.  
City-State-Zip: HIALEAH FL 33010

*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:** CERECEDA, MARK A

P

03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date