

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000069597

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

**Current Principal Place of Business:**

815 NW 57TH AVE  
SUITE 405  
MIAMI, FL 33126

**Current Mailing Address:**

815 NW 57TH AVE  
SUITE 405  
MIAMI, FL 33126 US

**FEI Number:** 20-2834022

**Certificate of Status Desired:** No

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

PHYSICIANS CENTRAL BUSINESS OFFICE, LLC  
815 NW 57TH AVE  
SUITE 405  
MIAMI, FL 33126 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:** MARK CERECEDA

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CERECEDA, MARK A  
Address 815 NW 57TH AVE  
SUITE 405  
City-State-Zip: MIAMI FL 33126

*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:** MARK CERECEDA

MGR

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date