

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000069597

Entity Name: FLORIDA WELLNESS & REHABILITATION CENTER, INC.

Current Principal Place of Business:

815 NW 57 AVENUE
SUITE 405
MIAMI, FL 33126

Current Mailing Address:

PO BOX 26-1750
MIAMI, FL 33126 US

FEI Number: 20-2834022

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHYSICIANS CENTRAL BUSINESS OFFICE
815 NW 57 AVENUE
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: ESTHER ESPINOZA

02/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CERECEDA, MARK A
Address 815 NW 57 AVENUE
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

CEO

02/28/2017

Electronic Signature of Signing Officer/Director Detail

Date