

**2018 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

01/15/2018

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

MEMBER

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date