

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000041014

**Entity Name:** SPECTRUM REHABILITATION AND WELLNESS, INC.

**Current Principal Place of Business:**

815 NORTH MAIN ST  
SUITE A  
KISSIMMEE, FL 34744

**Current Mailing Address:**

815 NORTH MAIN ST  
SUITE A  
KISSIMMEE, FL 34744 US

**FEI Number:** 20-4534408

**Certificate of Status Desired:** No

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

VICS, JOHN  
1108 NORTH JOHN YOUNG PKY  
KISSIMMEE, FL 34741 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:** JOHN VICS

04/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           MEDINA, MANUEL  
Address        815 NORTH MAIN ST  
                  SUITE A  
City-State-Zip: KISSIMMEE FL 34744

*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:** MANUEL MEDINA

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04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date