

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000084670

**Entity Name:** HIGHPOINT HEALING AND WELLNESS, INC.

**Current Principal Place of Business:**

3500 N STATE ROAD 7 STE 405  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

4706 NW 36TH STREET  
#504  
FORT LAUDERDALE, FL 33319

**FEI Number:** 02-0788497

**Certificate of Status Desired:** No

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

JOSAPHAT, SMITH  
441 SOUTH STATE ROAD 7  
SUITE 19B  
TAMARAC, FL 33068 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:** SMITH JOSAPHAT

04/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name EXCEUS, VALENCIE  
Address 4706 NW 36TH STREET, #504  
City-State-Zip: LAUDERDALE LAKES FL 33319

*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:** VALENCIE EXCEUS

CEO

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date