

**2017 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:**

EXCEUS, VALENCIE  
4706 NW 36TH STREET  
#504  
LAUDERDALE LAKES, FL 33319 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
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

**PRESIDENT**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date