

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050098

Entity Name: MD & WELLNESS CENTER, INC.

Current Principal Place of Business:

4600 NORTH HABANA AVE
SUITE 12
TAMPA, FL 33614

Current Mailing Address:

4600 NORTH HABANA AVE
SUITE12
TAMPA, FL 33614 US

FEI Number: 20-8903648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ, JOSE L DR.
4600 NORTH HABANA AVE
SUITE12
TAMPA, FL 33614 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: JOSE L CRUZ

03/04/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CRUZ, JOSE LDR
Address 4600 NORTH HABANA AVE
SUITE12
City-State-Zip: TAMPA FL 33614

Title VP
Name CRUZ, VIRTUDES MMRS
Address 4600 NORTH HABANA AVE
SUITE12
City-State-Zip: TAMPA FL 33614

Title CHIEF MARKETING OFFICER
Name CRUZ, LEANDRO
Address 4600 NORTH HABANA AVE
SUITE 12
City-State-Zip: TAMPA FL 33614

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: VIRTUDES M CRUZ

VICE PRESIDENT

03/04/2019

Electronic Signature of Signing Officer/Director Detail

Date