

**2015 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:** Yes

**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

01/18/2015

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

*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

01/18/2015

Electronic Signature of Signing Officer/Director Detail

Date