## 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050098

Entity Name: MD & WELLNESS CENTER, INC.

**Current Principal Place of Business:** 

4730 NORTH HABANA AVENUE

300

TAMPA, FL 33614

## **Current Mailing Address:**

2541 N DALE MABRY HWY #413

TAMPA, FL 33607 US

FEI Number: 20-8903648 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CRUZ, JOSE L DR. 4730 NORTH HABANA AVE SUITE300 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 03/14/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VI

Name CRUZ, JOSE LDR Name CRUZ, VIRTUDES MMRS
Address 4730 NORTH HABANA AVE. Address 4730 NORTH HABANA AVE

4730 NORTH HABANA AVE. Address 4730 NORT SUITE 300 SUITE300

City-State-Zip: TAMPA FL 33614 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.

FILED Mar 14, 2022

**Secretary of State** 

8265356432CC