

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050098

Entity Name: MD & WELLNESS CENTER, INC.

Current Principal Place of Business:

4006 FIESTA PLAZA
TAMPA, FL 33607

FILED
Apr 03, 2014
Secretary of State
CC2262285904

Current Mailing Address:

3445 HERON ISLAND DR
NEW PORT RICHEY, FL 34655

FEI Number: 20-8903648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ, JOSE LDR
3445 HERON ISLAND DRIVE
NEW PORT RICHEY, FL 34655 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 CRUZ, JOSE LDR
Address 3445 HERON ISLAND DRIVE
City-State-Zip: NEW PORT RICHEY FL 34655

Title VP
Name CRUZ, VIRTUDES MMRS
Address 3445 HERON ISLAND DRIVE
City-State-Zip: NEW PORT RICHEY FL 34655

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

04/03/2014

Electronic Signature of Signing Officer/Director Detail

Date