

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000011254

Entity Name: GENESIS MEDICAL WELLNESS CENTER CORPORATION

Current Principal Place of Business:

8356 SW 40 STREET
L
MIAMI, FL 33155

Current Mailing Address:

8356 SW 40 STREET
L
MIAMI, FL 33155

FEI Number: 26-4205291

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VITAL, MARIA C
8356 SW 40 STREET
L
MIAMI, FL 33155 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 VITAL, MARIA C
Address 8356 SW 40 STREET SUITE L
City-State-Zip: MIAMI FL 33155

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: MARIA C VITAL

OWNER

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date