

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000021859

**FILED**  
**Jan 06, 2024**  
**Secretary of State**  
**3391921331CC**

**Entity Name:** ADVANCED WELLNESS AND REHABILITATION CENTER, CORP

**Current Principal Place of Business:**

14934 NORTH FLORIDA AVENUE  
TAMPA, FL 33613

**Current Mailing Address:**

14934 NORTH FLORIDA AVENUE  
TAMPA, FL 33613 US

**FEI Number: 80-0366842**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PLEASANT, ELSIE  
14934 NORTH FLORIDA AVENUE  
TAMPA, FL, FL 33613 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: ELSIE PLEASANT**

**01/06/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	P
Name	PLEASANT, ELSIE C	Name	ZACCARI , JAMES A D.O.
Address	14934 NORTH FLORIDA AVENUE	Address	14934 N FLORIDA AVE
City-State-Zip:	TAMPA, FL FL 33613	City-State-Zip:	TAMPA FL 33613

*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: ELSIE C PLEASANT**

**VP**

**01/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date