

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000021859

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

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC8774246914**

**Current Principal Place of Business:**

11736 N. DALEMABRY HWY  
TAMPA, FL 33618

**Current Mailing Address:**

11736 N. DALEMABRY HWY  
TAMPA, FL 33618 UN

**FEI Number: 80-0366842**

**Certificate of Status Desired: No**

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

PLEASANT, ELSIE  
11736 N. DALEMABRY HWY  
TAMPA, FL 33618 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**

**04/26/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title V  
Name PLEASANT, ELSIE  
Address 11736 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

Title P  
Name ZACCARI, JAMES A. D.O.  
Address 11736 N. DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

*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 PLEASANT**

**VP**

**04/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date