

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000085271

Entity Name: HEALTHWISE ENTERPRISES, INC.

Current Principal Place of Business:

4199 SW HIGH MEADOWS AVE
PALM CITY, FL 34990

Current Mailing Address:

4199 SW HIGH MEADOWS AVE
PALM CITY, FL 34990 US

FEI Number: 27-3651743

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALPERN, D.C., SILVIA ROSEN DR.
2594 SW MAYACOO WAY
PALM CITY, FL 34990 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 HALPERN, SILVIA ROSEN D.C.
Address 2594 SW MAYACOO WAY
City-State-Zip: PALM CITY FL 34990

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: HALPERN SILVIA ROSEN D.C.

PRESIDENT

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date