

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000095223

**Entity Name:** INSTITUTE OF HOLISTIC WELLNESS, INC.

**Current Principal Place of Business:**

2292 CORAL WAY  
MIAMI, FL 33145

**Current Mailing Address:**

2292 CORAL WAY  
MIAMI, FL 33145

**FEI Number:** 46-2257795

**Certificate of Status Desired:** No

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

OROZCO, ANGEL ALBERTO  
2292 CORAL WAY  
MIAMI, FL 33145 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:** ANGEL OROZCO

04/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DPS  
Name            OROZCO, ANGEL  
Address        2292 CORAL WAY  
City-State-Zip: MIAMI FL 33145

*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:** ANGEL OROZCO

**PRESIDENT**

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date