

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000022103

**Entity Name:** AYURVEDA WELLNESS CENTER INC

**Current Principal Place of Business:**

231 N KENTUCKY AVE  
220  
LAKELAND, FL 33801

**Current Mailing Address:**

231 N KENTUCKY AVE  
220  
LAKELAND, FL 33801 US

**FEI Number:** 46-5063851

**Certificate of Status Desired:** No

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

JENSEN, JESSICA  
231 N KENTUCKY AVENUE  
220  
LAKELAND, FL 33801 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 PST  
Name JENSEN, JESSICA  
Address 231 N KENTUCKY AVENUE, STE 220  
City-State-Zip: LAKELAND FL 33801

*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:** JESSICA JENSEN

**OWNER**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date