

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000023042

**Entity Name:** AMERICAS HEALTH CENTER INC.

**Current Principal Place of Business:**

2200 NORTH FEDERAL HIGHWAY  
SUITE 214  
BOCA RATON, FL 33431

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC4906194270**

**Current Mailing Address:**

2200 NORTH FEDERAL HIGHWAY  
SUITE 214  
BOCA RATON, FL 33431 US

**FEI Number: 47-3347756**

**Certificate of Status Desired: No**

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

COHEN, DREW  
19662 ESTUARY DR.  
BOCA RATON, FL 33498 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           | CEO                 | Title           | P                    |
| Name            | COHEN, DREW         | Name            | ROSEN, MICHAEL       |
| Address         | 19662 ESTUARY DR    | Address         | 20981 WINDEMERE LANE |
| City-State-Zip: | BOCA RATON FL 33498 | City-State-Zip: | BOCA RATON FL 33428  |

*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: DREW COHEN**

**CEO**

**04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date