

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000039286

Entity Name: LASER THERAPY HEALTH & WELLNESS CENTER, INC.

Current Principal Place of Business:

800 EAST HALLANDALE BEACH BLVD.
#15
HALLANDALE, FL 33009

Current Mailing Address:

800 EAST HALLANDALE BEACH BLVD.
#15
HALLANDALE BEACH, FL 33009

FEI Number: 47-3875939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDKLANK, RANDI
800 EAST HALLANDALE BEACH BLVD.
#15
HALLANDALE BEACH, FL 33009 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 WEINSTEIN, KRISTAN
Address 800 EAST HALLANDALE BCH BLVD.,
#15
City-State-Zip: HALLANDALE BEACH FL 33009

Title CFO
Name GOLDKLANK, RANDI
Address 800 EAST HALLANDALE BCH BLVD.
#15
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP
Name GOLDKLANK, RANDI
Address 800 EAST HALLANDALE BCH BLVD,
#15
City-State-Zip: HALLANDALE BEACH FL 33009

Title SEC
Name GOLDKLANK, RANDI
Address 800 EAST HALLANDALE BCH BLVD.
#15
City-State-Zip: HALLANDALE BEACH FL 33009

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: RANDI GOLDKLANK

VP/CFO/SEC

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date