

**2020 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:** KRISTAN WEINSTEIN

**PRES**

**04/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date