# 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: KATHLEEN A. ROBERTON

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

06/14/2019

Date

# FILED Jun 14, 2019 Secretary of State 6144926605CC

#### Certificate of Status Desired: No

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	SHAWN GRINER			06/14/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Р	Title	VP	
Name	ROBERTON, KATHLEEN A	Name	GRINER, SHAWN	
Address	401 E LAS OLAS BLVD 130-128	Address	7970 EMERALD WINDS CIRCLE	
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	BOYNTON BEACH FL 33473	

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000092533

Entity Name: CANOVIS HEALTH CENTERS, INC.

#### **Current Principal Place of Business:**

7777 GLADES RD 33434 100 BOCA RATON, FL 33434

### **Current Mailing Address:**

401 E LAS OLAS BLVD. 130-128 FORT LAUDERDALE, FL 33462

#### FEI Number: 83-2446632

# Name and Address of Current Registered Agent:

SHAWN, GRINER 7970 EMERALD WINDS CIRCLE BOYNTON BEACH, FL 33473 US