

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002786

Entity Name: ALLIANCE FOR WELLNESS, INC.

Current Principal Place of Business:

14860 ROSCOE BLVD
SUITE 200
PANORAMA CITY, CA 91402

Current Mailing Address:

14860 ROSCOE BLVD
SUITE 200
PANORAMA CITY, CA 91402 US

FEI Number: 27-3711413

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR, COO
Name WELKE, TIMOTHY
Address 9250 RESEADA BLVD
 # 658
City-State-Zip: NORTHRIDGE CA 91324

Title TREASURER, SECRETARY,
 PRESIDENT, CEO
Name SHARMA , ANIL MD
Address 14860 ROSCOE BLVD
 SUITE 304
City-State-Zip: PANORAMA CITY CA 91402

Title VP
Name WADEKAR , MITAL MD
Address 9250 RESEADA BLVD
 # 658
City-State-Zip: NORTHRIDGE CA 91324

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: ANIL SHARMA MD

PRESIDENT

04/14/2020

Electronic Signature of Signing Officer/Director Detail

Date