

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000041116

**FILED**  
**Dec 22, 2010**  
**Secretary of State**

**Entity Name:** CORTEZ WELLNESS CENTER, INC.

**Current Principal Place of Business:**

2215 59TH ST. WEST  
NATURAL HEALING ARTS BLDG  
BRADENTON, FL 34209

**New Principal Place of Business:**

5851 CORTEZ RD. W.  
BRADENTON, FL 34210 US

**Current Mailing Address:**

507 47TH ST. NW  
BRADENTON, FL 34209

**New Mailing Address:**

507 47TH ST. NW  
BRADENTON, FL 34209 US

**FEI Number:** 65-1001610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAVIGNE, MARILYN E DC  
507 47TH ST. NW  
BRADENTON, FL 34209 US

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

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:** MARILYN E. LAVIGNE, DC

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** LA VIGNE, MARILYN E D.C  
**Address:** 507 47TH ST. NW  
**City-St-Zip:** BRADENTON, FL 34209 US

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:** MARILYN E. LAVIGNE, DC

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12/22/2010

Electronic Signature of Signing Officer or Director

Date