

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000052459

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** WELLNESS MEDICAL CLINIC AND GERIATRIC CENTER, INC.

**Current Principal Place of Business:**

12741 MIRAMAR PARKWAY,  
BUILDING 2, SUITE 104  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

12741 MIRAMAR PARKWAY,  
BUILDING 2, SUITE 104  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 65-1106712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATUS, ROBERTO  
600 BRICKELL AVE SUITE 701  
MIAMI, FL 33131 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ERAZO, PATRICIA  
Address: 12741 MIRAMAR PARKWAY, BLD. 2, SUITE 104  
City-St-Zip: MIRAMAR, FL 33027

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: PATRICIA ERAZO

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date