

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000126097

FILED
Jan 10, 2010
Secretary of State

Entity Name: WELLNESS CARE MEDICAL CENTER, CORP.

Current Principal Place of Business:

1490 WEST 49TH PLACE
#398
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1490 WEST 49TH PLACE
#398
HIALEAH, FL 33012

New Mailing Address:

PO BOX 28075
HIALEAH, FL 33002

FEI Number: 61-1510273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, GLORIA P
1490 WEST 49TH PL
SUITE # 398
HIALEAH, FL 33012 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: GLORIA CASTILLO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: CASTILLO, GLORIA
Address: 1490 WEST 49TH PALCE # 398
City-St-Zip: HIALEAH, FL 33012

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: GLORIA CASTILLO

P

01/10/2010

Electronic Signature of Signing Officer or Director

Date