

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000125437

**FILED**  
**Jun 05, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED HEALTH & WELLNESS, INC.

**Current Principal Place of Business:**

8101 CORAL WAY  
MIAMI, FL 33155

**New Principal Place of Business:**

28899 S DIXIE HWY  
HOMESTEAD, FL 33033

**Current Mailing Address:**

7333 CORAL WAY  
108  
MIAMI, FL 33155

**New Mailing Address:**

8567 CORAL WAY  
400  
MIAMI, FL 33155

**FEI Number:** 26-3000204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORENA VELEZ, LUZ A  
7333 CORAL WAY  
108  
MIAMI, FL 33155 US

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

NORENA VELEZ, LUZ A  
28899 S DIXIE HWY  
HOMESTEAD, FL 33033 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: LUZ A NORENA VELEZ

06/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P.S  
Name: NORENA VELEZ, LUZ A  
Address: 28899 S DIXIE HWY  
City-St-Zip: HOMESTEAD, FL 33033

Title: VP.T  
Name: NORENA VELEZ, LUZ A  
Address: 28899 S DIXIE HWY  
City-St-Zip: HOMESTEAD, FL 33033

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: LUZ A NORENA VELEZ

P.S

06/05/2012

Electronic Signature of Signing Officer or Director

Date