

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092698

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** FLORIDA WELLNESS & REHABILITATION CENTER OF HOMESTEAD, INC.

**Current Principal Place of Business:**

207 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

207 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

**FEI Number:** 26-3989326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE LAGE LAW FIRM, P.A.  
2333 PONCE DE LEON BLVD.  
302  
CORAL GABLES, FL 33134 US

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

PEREZ, REYNALDO  
207 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 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: REYNALDO PEREZ

01/14/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PEREZ, REYNALDO  
Address: 207 NORTH KROME AVENUE  
City-St-Zip: HOMESTEAD, FL FL 33030 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REYNALDO PEREZ

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date