## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000099454

Entity Name: TOTAL MEDICAL & WELLNESS CENTER, INC.

**FILED** May 21, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1586 NORTHEAST 8TH STREET 8390 WEST FLAGLER STREET HOMESTEAD, FL 33033

SUITE # 201

MIAMI, FL 33144

US

**Current Mailing Address: New Mailing Address:** 

325 SOUTH BISCAYNE BLVD. 8390 WEST FLAGLER STREET

SUITE # 4016 SUITE # 201 MIAMI, FL 33131 US MIAMI, FL 33144

FEI Number: 27-1451885 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LEONCIO & ASSOCIATES, LLC LEONCIO, RENE F 8302 NORTHWEST 103RD STREET 8302 NORTHWEST 103RD STREET **SUITE # 106** SUITE # 106 HIALEAH GARDENS, FL 33016 US HIALEAH GARDENS, FL 33016 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: RENE F. LEONCIO 05/21/2010

> 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:

CAPDEVILA, EVELYN Name:

325 SOUTH BISCAYNE BLVD., SUITE # 4016 Address:

City-St-Zip: MIAMI, FL 33131 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: RENE F. LEONCIO POA 05/21/2010