

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000053534

**FILED**  
**Mar 15, 2013**  
**Secretary of State**

**Entity Name:** WELLNESS THERAPEUTIC CENTER, INC.

**Current Principal Place of Business:**

15021 SW 180 TERR  
MIAMI, FL 33187 US

**New Principal Place of Business:**

5901 SW 74 ST  
SUITE 202  
SOUTH MIAMI, FL 33143 US

**Current Mailing Address:**

15021 SW 180 TERR  
MIAMI, FL 33187 US

**New Mailing Address:**

5901 SW 74 ST  
SUITE 202  
SOUTH MIAMI, FL 33143 US

**FEI Number:** 27-2940696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

URRUTIA, YESENIA  
15021 SW 180 TERR  
MIAMI, FL 33187 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: YESENIA URRUTIA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: URRUTIA, YESENIA  
Address: 15021 SW 180 TERR  
City-St-Zip: MIAMI, FL 33187 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: YESENIA URRUTIA

PRES

03/15/2013

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

\_\_\_\_\_  
Date