

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000061665

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** ADVANCE HEALING & WELLNESS CENTER, INC

**Current Principal Place of Business:**

11211 PROSPERITY FARMS ROAD  
C 208  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

11211 PROSPERITY FARMS ROAD  
C 208  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 27-3144394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERNANDEZ, HENRY  
50 ANDROS RD  
PALM SPRINGS, FL 33461 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:

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DIAZ, WILLIAM  
Address: 661 SW SARDENIA AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S  
Name: FERNANDEZ, HENRY  
Address: 50 ANDROS RD  
City-St-Zip: PALM SPRINGS, FL 33461

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: HENRY FERNANDEZ

S

02/10/2012

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

\_\_\_\_\_  
Date