

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000085109

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** WELLNESS THERAPY CARE CENTER INC

**Current Principal Place of Business:**

5881 NW 151 ST  
SUITE 127  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5881 NW 151 ST  
SUITE 127  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:** 27-3713182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORVO, BARBARA  
5881 NW 151 ST  
SUITE 127  
MIAMI LAKES, FL 33014 US

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

CORVO, BARBARA LMT  
5881 NW 151 ST  
SUITE 127  
MIAMI LAKES, FL 33014 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:** BARBARA CORVO

03/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CORVO, BARBARA  
**Address:** 5881 NW 151 ST, SUITE 127  
**City-St-Zip:** MIAMI LAKES, FL 33014

**Title:** VPD  
**Name:** CORVO, ENMANUEL  
**Address:** 5881 NW 151 ST, SUITE 127  
**City-St-Zip:** MIAMI LAKES, FL 33014

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:** BARBARA CORVO

PD

03/23/2011

Electronic Signature of Signing Officer or Director

Date