2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2014
Secretary of State

DOCUMENT# P10000085109

Entity Name: WELLNESS THERAPY & MEDICAL 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 LMT
5881 NW 151 ST
SUITE 127
MIAMI LAKES, FL 33014 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: BÃ¡RBARA CORVO

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: D
Name: FLORES, LUCKY M.D.
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: BÃ¡RBARA CORVO PD 10/22/2014

Electronic Signature of Signing Officer or Director — Date