

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000096863

FILED
Jul 13, 2011
Secretary of State

Entity Name: DOCTORS BEST WELLNESS CENTERS INC.

Current Principal Place of Business:

5542 SOUTH FLAMINGO ROAD
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

5542 SOUTH FLAMINGO ROAD
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 14-2012431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD
Name: MANOCCHIO, VAL M.D.
Address: 5542 SOUTH FLAMINGO ROAD
City-St-Zip: COOPER CITY, FL 33330

Title: ST
Name: MANOCCHIO, RACHEAL
Address: 5542 SOUTH FLAMINGO ROAD
City-St-Zip: COOPER CITY, FL 33330

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: RHONDA JOHNSON

MGR

07/13/2011

Electronic Signature of Signing Officer or Director

Date