

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000045508

FILED  
Sep 10, 2012  
Secretary of State

**Entity Name:** FAMWELL HEALING CENTER, CORP.

**Current Principal Place of Business:**

11160 SW 88 STREET  
SUITE 100  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

11160 SW 88 STREET  
SUITE 100  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 38-3842118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NUNEZ, AILEEN  
11160 SW 88 STREET  
SUITE 100  
MIAMI, FL 33176 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: NUNEZ, AILEEN  
Address: 11160 SW 88 STREET SUITE 100  
City-St-Zip: MIAMI, FL 33176

Title: VP  
Name: NUNEZ, MODESTO T  
Address: 11160 SW 88 STREET SUITE 100  
City-St-Zip: MIAMI, FL 33176

Title: TREA  
Name: NUNEZ, DANIEL T  
Address: 11160 SW 88 STREET SUITE 100  
City-St-Zip: MIAMI, FL 33176

Title: SECT  
Name: NUNEZ, MICHAEL A  
Address: 11160 SW 88 STREET SUITE 100  
City-St-Zip: MIAMI, FL 33176

Title: ASSO  
Name: NUNEZ, KATRINA C  
Address: 11160 SW 88 STREET SUITE 100  
City-St-Zip: MIAMI, FL 33176

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: AILEEN NUNEZ

PRES

09/10/2012

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

\_\_\_\_\_  
Date