2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

DOCUMENT# P11000077660

Entity Name: HEALTH AND WELLNESS MEDICAL PROVIDER OF FLORIDA, INC.

Current Principal Place of Business:

18 BAYTREE CR
BOYNTON BEACH, FL 33436 PB

New Principal Place of Business:

Current Mailing Address:

18 BAYTREE CR
BOYNTON BEACH, FL 33436 PB

New Mailing Address:

FEI Number: 45-3149228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SED, DINORAH A
18 BAYTREE CR
BOYNTON BEACH, FL 33436 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: SED, DINORAH A
Address: 18 BAYTREE CR
City-St-Zip: BOYNTON BEACH, FL 33436 PB

Title: S
Name: VIZCAINO, AMANDA
Address: 18 BAYTREE CIR
City-St-Zip: BOYNTON BEACH, FL 33436

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: DINORAH A SED P 02/13/2012

Electronic Signature of Signing Officer or Director Date