

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009469

Entity Name: BRIDGES OF WELLNESS, INC.**Current Principal Place of Business:**1881 N E 26TH ST
SUITE 244
FT. LAUDERDALE, FL 33305**Current Mailing Address:**P.O. BOX 7257
FT. LAUDERDALE, FL 33338**FEI Number: 80-0294493****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GEDDES, CHARLES D
1881 N E 26TH ST
SUITE 244
FORT LAUDERDALE, FL 33305 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:** CHARLES D. GEDDES**04/25/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GEDDES, CHARLES D
Address 1881 N E 26TH ST
 SUITE 244
City-State-Zip: FORT LAUDERDALE FL 33305

Title VP
Name BARNARD, KENT A REV.
Address 119 NE 19 CT
 G214
City-State-Zip: WILTON MANORS FL 33305

Title SECRETARY
Name FEGAN, TRISH
Address 110 NE 46 STREET
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR
Name CARRILLO, MARCO
Address 601 NW 82 AVENUE
 426
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name COLMENARES, MARIA
Address 813 NE 3 STREET
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name SILVERMAN, SUSAN
Address 2005 GRANADA DRIVE
 N-4
City-State-Zip: COCONUT CREEK FL 33306

Title DIRECTOR
Name SILVER, MARK
Address 218 COMMERCIAL BLVD
 103
City-State-Zip: FT. LAUDERDALE FL 33308

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES GEDDES**PRESIDENT****04/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date