

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K54201

**Entity Name:** WEST BOCA WELLNESS CENTER, PA

**Current Principal Place of Business:**

9980 CENTRAL PARK BLVD. NORTH  
SUITE 118  
BOCA RATON, FL 33428

**Current Mailing Address:**

9980 CENTRAL PARK BLVD. NORTH  
SUITE 118  
BOCA RATON, FL 33428

**FEI Number:** 65-0092740

**Certificate of Status Desired:** No

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

LEVY, ROGER A.  
9980 CENTRAL PARK BLVD. NORTH  
SUITE 118  
BOCA RATON, FL 33428 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P D  
Name LEVY, ROGER A.  
Address 9980 CENTRAL PARK BLVD.N #118  
City-State-Zip: BOCA RATON FL 33428

*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:** ROGER LEVY

**PRESIDENT**

**01/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date