

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026853

Entity Name: HEALTH & WELLNESS CENTER OF PORT ST. LUCIE, INC.

Current Principal Place of Business:

433 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983

Current Mailing Address:

433 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983

FEI Number: 86-1053403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRARY, LAWRENCE EIII
759 S.W. FEDERAL HWY
SUITE 106
STUART, FL 34994 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 DR.
Name ZIEMBA, LARE
Address 433 NW PRIMA VISTA BLVD
City-State-Zip: PORT ST LUCIE FL 34983

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: LARE ZIEMBA

OWNER

02/04/2013

Electronic Signature of Signing Officer/Director Detail

Date