DOCUMENT# P05000094576			Sep 29, 2017 Secretary of State CR2235110083	
Entity Name: GARCIA AESTHETIC & WELLNESS CENTER, INC.				
190 FLORIDA A	ncipal Place of Business: A1A ABEACH, FL 32082		CR223511	0083
Current Mai	ling Address:			
190 FLORID PONTE VED	A A1A DRA BEACH, FL 32082 US			
FEI Number: 20-3098552 Certificate of Status				<b>d:</b> No
Name and A	ddress of Current Registered Agent:			
190 FLORIDA A	ACIAL PLASTIC SURGERY A1A A BEACH, FL 32082 US			
The above named	I entity submits this statement for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida	I.
SIGNATURE: ROBERTO ELOY GARCIA MD				9/29/2017
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	VP	Title	Р	
Name	GARCIA, JUAN FELIPE	Name	GARCIA, ROBERTO E	
Address	7807 BAYMEADOWS ROAD EAST, SUITE 305	Address	190 FLORIDA A1A	
City State Zin		City-State-ZIp:	PONTE VEDRA BEACH FL 32082	-

City-State-Zip: JACKSONVILLE FL 32256

2017 FLORIDA PROFIT CORPORATION REINSTATEMENT

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: ROBERTO ELOY GARCIA MD

Р

**FILED** 

Electronic Signature of Signing Officer/Director Detail