

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000160952

**Entity Name:** BROWARD HEALTH & WELLNESS, P.A.

**Current Principal Place of Business:**

4974 W ATLANTIC BLVD  
MARGATE, FL 33063

**Current Mailing Address:**

4974 W ATLANTIC BLVD  
MARGATE, FL 33063

**FEI Number:** 20-3920577

**Certificate of Status Desired:** No

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

SPIRELLI, DEAN A  
4974 W ATLANTIC BLVD  
MARGATE, FL 33063 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            PRES  
Name            SPIRELLI, DEAN APRES  
Address        4974 W ATLANTIC BLVD  
City-State-Zip: MARGATE FL 33063

*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:** DEAN SPIRELLI

**PRESIDENT**

**03/20/2019**

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

\_\_\_\_\_  
Date