2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2019
Secretary of State
0849584771CC

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Entity Name: ORLANDO WELLNESS CENTER INC

Current Principal Place of Business:

6740 CROSSWINDS DR. N
A
ST. PETERSBURG, FL 33710

Current Mailing Address:

6740 CROSSWINDS DR. N
A
ST. PETERSBURG, FL 33710 US

FEI Number: 37-1575347

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHALAF, ANAS A
6740 CROSSWINDS DR. N
A
ST. PETERSBURG, FL 33710 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	CEO	Title	VP
Name	KHALAF, ANAS A	Name	KHALAF, ANIS A
Address	6740 CROSSWINDS DR. N	Address	P O BOX 781488
City-State-Zip:	ST. PETERSBURG FL 33710	City-State-Zip:	ORLANDO FL 32878

Title	PRESIDENT
Name	KHALAF, ANAS A
Address	P O BOX 781488
City-State-Zip:	ORLANDO FL 32878

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: ANAS A KHALAF CEO 04/24/2019

Electronic Signature of Signing Officer/Director Detail — Date