

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000016940

**Entity Name:** LUMANA PHYSICAL THERAPY & WELLNESS CENTER, CORP.

**Current Principal Place of Business:**

810 NE 125 STREET  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

320 NE 129 STREET  
NORTH MIAMI, FL 33161 US

**FEI Number:** 26-4416842

**Certificate of Status Desired:** No

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

JOSEPH, LUMANA  
810 NE 125 STREET  
NORTH MIAMI, FL 33161 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:** LUMANA JOSEPH

03/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | P                    | Title           | ACCOUNTANT           |
| Name            | LUMANA, JOSEPH       | Name            | SALIBA, PIERRE       |
| Address         | 320 NE 129 STREET    | Address         | 810 NE 125 STREET    |
| City-State-Zip: | NORTH MIAMI FL 33161 | City-State-Zip: | NORTH MIAMI FL 33161 |

*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:** LUMANA JOSEPH

CEO

03/24/2020

Electronic Signature of Signing Officer/Director Detail

Date