

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000016940

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

Current Principal Place of Business:

804 NE 125 STREET
NORTH MIAMI, FL 33161

Current Mailing Address:

320 NE 129 STREET
NORTH MIAMI, FL 33161

FEI Number: 26-4416842

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE TAX & ACCOUNTING FIRM, INC.
822 NE 125 STREET SUITE 109
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LUMANA, JOSEPH
Address 320 NE 129 STREET
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

PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date