

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000103254

Entity Name: MARIANNA HEALTH & WELLNESS, P.A.

Current Principal Place of Business:

4439 JACKSON STREET
MARIANNA, FL 32448

Current Mailing Address:

5004 BONTRAGER LANE
MARIANNA, FL 32448

FEI Number: 27-1573223

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONTRAGER, DANIEL E
4439 JACKSON STREET
MARIANNA, FL 32446 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	Title	S/T
Name	BONTRAGER, DANIEL E	Name	BONTRAGER, IMOGENE
Address	5004 BONTRAGER LANE	Address	5004 BONTRAGER LANE
City-State-Zip:	MARIANNA FL 32448	City-State-Zip:	MARIANNA FL 32448

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: IMOGENE BONTRAGER

TREASURER

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date