2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2017
Secretary of State
CC1673284010

DOCUMENT# P11000045508

Entity Name: FAMWELL HEALING CENTER, CORP.

Current Principal Place of Business:

11160 SW 88 STREET
SUITE 100
MIAMI, FL 33176

Current Mailing Address:

11160 SW 88 STREET
SUITE 100
MIAMI, FL 33176

FEI Number: 38-3842118

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NUNEZ, AILEEN
11160 SW 88 STREET
SUITE 100
MIAMI, FL 33176 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	NUNEZ, AILEEN
Address	11160 SW 88 STREET SUITE 100
City-State-Zip:	MIAMI FL 33176

Title	TREA
Name	NUNEZ, DANIEL T
Address	11160 SW 88 STREET SUITE 100
City-State-Zip:	MIAMI FL 33176

Title	ASSO
Name	NUNEZ, KATRINA C
Address	11160 SW 88 STREET SUITE 100
City-State-Zip:	MIAMI FL 33176

Title	VP
Name	NUNEZ, MODESTO T
Address	11160 SW 88 STREET SUITE 100
City-State-Zip:	MIAMI FL 33176

Title	SECT
Name	NUNEZ, MICHAEL A
Address	11160 SW 88 STREET SUITE 100
City-State-Zip:	MIAMI FL 33176

Title	MANAGER
Name	NUNEZ, GABRIEL MATTHEW
Address	11160 SW 88 STREET SUITE 100
City-State-Zip:	MIAMI FL 33176

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: AILEEN NUNEZ PRES 04/29/2017

Electronic Signature of Signing Officer/Director Detail — Date