

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000033103

**Entity Name:** RECHARGE HEALTH & WELLNESS SOLUTIONS, INC.

**Current Principal Place of Business:**

2230 SEAGRAPE CIRCLE  
COCONUT CREEK, FL 33068

**Current Mailing Address:**

2230 SEAGRAPE CIRCLE  
COCONUT CREEK, FL 33068 US

**FEI Number:** 46-2552300

**Certificate of Status Desired:** No

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

BOSTON, MICHAEL  
2230 SEAGRAPE CIRCLE  
COCONUT CREEK, FL 33068 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 BOSTON, MICHAEL  
Address 2230 SEAGRAPE CIRCLE  
City-State-Zip: COCONUT CREEK FL 33068

*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:** MICHAEL E. BOSTON

**PRESIDENT/ CEO**

**03/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date