

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000095880

**Entity Name:** THE ANGELIC CLAUDE INSTITUTE FOR WELLNESS, INC.

**Current Principal Place of Business:**

9393 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

9393 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 UN

**FEI Number: 46-4203759**

**Certificate of Status Desired: No**

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

SKOLE, CAROLINE C  
9393 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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 SKOLE, CAROLINE  
Address 9393 WEST SAMPLE ROAD  
City-State-Zip: CORAL SPRINGS FL 33065

*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: CAROLINE SKOLE**

**P**

**04/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date