

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000026007

Entity Name: FLORIDA HOLISTIC MEDICINE PA

Current Principal Place of Business:

11700 NW 23RD ST
PLANTATION, FL 33323

Current Mailing Address:

11700 NW 23RD ST
PLANTATION, FL 33323

FEI Number: 46-5186372

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANCINI, BG
11700 NW 23RD ST
PLANTATION, FL 33323 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 MANCINI, BG
Address 11700 NW 23RD ST
City-State-Zip: PLANTATION FL 33323

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: BG MANCINI

OWNER

03/18/2017

Electronic Signature of Signing Officer/Director Detail

Date