**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 17, 2018**
**Secretary of State**
**CC3135361772**

DOCUMENT# P15000001272

**Entity Name:** GET WELL MEDICAL CARE OF SOUTH FLORIDA P.A.

**Current Principal Place of Business:**

C/O GREENFIELD
2240 W.WOOLBRIGHT RD. SUITE#215
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

C/O GREENFIELD
2240 W. WOOLBRIGHT RD SUITE #215
BOYNTON BEACH, FL 33426 US

**FEI Number: 47-2752614**

**Certificate of Status Desired:** No

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

GREENFIELD, JODY
C/O GREENFIELD
2240 W. WOOLBRIGHT RD SUITE #215
BOYNTON BEACH, FL 33426 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 | DIR |
| Name | GREENFIELD, JODY |
| Address | C/O GREENFIELD<br>2240 W. WOOLBRIGHT RD SUITE #215 |
| City-State-Zip: | BOYNTON BEACH FL 33426 |

*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: DR. JODY GREENFIELD DIRECTOR 01/17/2018

Electronic Signature of Signing Officer/Director Detail — Date