

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000100559

Entity Name: WELLNESS REHABILITATION CENTER OF TAMiami, INC.

Current Principal Place of Business:

2780 SW 87 AVENUE,
SUITE 108 AND 110
MIAMI, FL 33165

Current Mailing Address:

PO BOX 441183
MIAMI, FL 33144 US

FEI Number: 81-0978907

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIZCAINO, JOSE
2780 SW 87 AVENUE,
SUITE 108 AND 110
MIAMI, FL 33165 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 VIZCAINO, JOSE
Address 9600 SW 8 STREET, SUITE 17
City-State-Zip: MIAMI FL 33174

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: JOSE M. VIZCAINO

PRESIDENT

02/26/2019

Electronic Signature of Signing Officer/Director Detail

Date