

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000076374

Entity Name: DRIVER WELLNESS CENTERS OF AMERICA, INC.

Current Principal Place of Business:

419 FALLS OF VENICE CIR.
VENICE, FL 34292

Current Mailing Address:

P.O. BOX 2135
VENICE, FL 34285 US

FEI Number: 81-3784834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUNN, BRIAN S
419 FALLS OF VENICE CIR.
VENICE, FL 34292 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 D
Name DUNN, BRIAN S
Address 419 FALLS OF VENICE CIR.
City-State-Zip: VENICE FL 34292

Title P/S
Name DUNN, BRIAN S
Address 419 FALLS OF VENICE CIR.
City-State-Zip: VENICE FL 34292

Title S
Name MARSALESE, MICHAEL P
Address 419 FALLS OF VENICE CIR.
City-State-Zip: VENICE FL 34292

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 P. MARSALESE

SECRETARY

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date