

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000011834

**Entity Name:** ISABELLE WELLS, P.A.

**Current Principal Place of Business:**

7875 BUCCANEER DR.  
FT. MYERS BCH., FL 33931

**Current Mailing Address:**

7875 BUCCANEER DR.  
FT. MYERS BCH., FL 33931 US

**FEI Number: 81-5296534**

**Certificate of Status Desired: No**

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

WELLS, ISABELLE  
7875 BUCCANEER DR.  
FT. MYERS BCH., FL 33931 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            WELLS, ISABELLE  
Address        7875 BUCCANEER DR.  
City-State-Zip: FT. MYERS BCH. FL 33931

*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: ISABELLE WELLS**

**DIRECTOR**

**01/15/2018**

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

\_\_\_\_\_  
Date