

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000051469

Entity Name: REBA'S WELLNESS CENTERS, INC.

Current Principal Place of Business:

3416 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405

Current Mailing Address:

P.O. BOX 2016
PALM BEACH, FL 33480 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAVRE, BILL
3030 N. ROCKY POINT DRIVE
150A
TAMPA,, FL 33607 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 SHERRILL, REBA
Address P.O. BOX 2016
City-State-Zip: PALM BEACH FL 33480

Title S
Name SHERRILL, REBA
Address P.O. BOX 2016
City-State-Zip: PALM BEACH FL 33480

Title T
Name SHERRILL, REBA
Address P.O. BOX 2016
City-State-Zip: PALM BEACH FL 33480

Title D
Name SHERRILL, REBA
Address P.O. BOX 2016
City-State-Zip: PALM BEACH FL 33480

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: SHERRILL, REBA

P

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date