

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000055291

Entity Name: BEST WELLNESS REHAB CORP

Current Principal Place of Business:

4242 NW 2 ST,
APT # 1413
MIAMI, FL 33126

Current Mailing Address:

4242 NW 2 ST,
APT # 1413
MIAMI, FL 33126 US

FEI Number: 83-0929031

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, PEDRO LUIS
4242 NW 2 ST,
APT # 1413
MIAMI, FL 33126 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 CEO
Name PEREZ, PEDRO LUIS
Address 4242 NW 2 ST,
 APT # 1413
City-State-Zip: MIAMI FL 33126

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: PEDRO LUIS PEREZ

CEO

05/31/2020

Electronic Signature of Signing Officer/Director Detail

Date