

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000091151

Entity Name: THE LAWRENCE WELLNESS CENTER INC

Current Principal Place of Business:

810 ANDREWS AVE
DELRAY BEACH, FL 33483

Current Mailing Address:

810 ANDREWS AVE
DELRAY BEACH, FL 33483 US

FEI Number: 83-2447070

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWRENCE, RASHA
810 ANDREWS AVE
DELRAY BEACH, FL 33483 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 LAWRENCE, RASHA
Address 810 ANDREWS AVE
City-State-Zip: DELRAY BEACH FL 33483

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: RASHA LAWRENCE

OWNER

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date