

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000031713

**Entity Name:** MARTHA HEALING TOUCH MEDICAL WELLNESS CENTER  
CORP

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**3126643273CC**

**Current Principal Place of Business:**

15800 PINES BLVD  
328  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

15800 PINES BLVD  
328  
PEMBROKE PINES, FL 33027 US

**FEI Number: 88-3192868**

**Certificate of Status Desired: No**

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

TAX CARE MIRAMAR  
15800 PINES BLVD  
SUITE 331  
PEMBROKE PINES, FL 33027 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:** OSCAR J CASTRILLON

04/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARTINEZ, MARTHA  
Address 15800 PINES BLVD  
328  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name SOTO, GISELLE  
Address 2750 SW 113TH LANE APT CH307  
City-State-Zip: MIRAMAR FL 33025

Title D  
Name FIGUEROA, NORA  
Address 1595 PALERMO DR  
City-State-Zip: WESTON FL 33327

*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:** MARTHA MARTINEZ

**PRESIDENT**

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date