**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 20, 2016**
**Secretary of State**
**CC6564219860**

DOCUMENT# P96000096097

**Entity Name:** COMPLETE WELLNESS MEDICAL CENTER OF SANFORD, INC.

**Current Principal Place of Business:**

164 WEST STATE RD 434
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

1866 E CROWLEY CIR
LONGWOOD, FL 32779 US

**FEI Number: 59-3414774**

**Certificate of Status Desired:** No

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

YANDELL, THOMAS FJR
1866 E. CROWLEY CIRCLE
LONGWOOD, FL 32779 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 | PSD | Title | PSD |
| Name | YANDELL, THOMAS FJR | Name | YANDELL, CAROL C |
| Address | 1866 E. CROWLEY CIRCLE | Address | 1866 E. CROWLEY CIRCLE |
| City-State-Zip: | LONGWOOD FL 32779 | City-State-Zip: | LONGWOOD FL 32779 |

*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: THOMAS YANDELL PSD 03/20/2016

Electronic Signature of Signing Officer/Director Detail — Date