

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000100872

**Entity Name:** MANELLA HEALTH & WELLNESS, P.A.

**Current Principal Place of Business:**

700 N. HIATUS RD  
STE 209  
PEMBROKE PINES, FL 33026-5206

**Current Mailing Address:**

700 N. HIATUS RD  
STE 209  
PEMBROKE PINES, FL 33026-5206

**FEI Number:** 65-0799404

**Certificate of Status Desired:** No

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

MANELLA, ROSS HESQ.  
2982 E MERION  
WESTON, FL 33332 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	PSTD	Title	VP
Name	MANELLA, SUSAN D.O.	Name	MANELLA, ROSS
Address	2982 EAST MERION	Address	2982 EAST MERON
City-State-Zip:	WESTON FL 33332	City-State-Zip:	WESTON FL 33332

*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:** MANELLA , SUSAN D.O.

P

04/16/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date