

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000016677

**Entity Name:** CENTER FOR FAMILY HEALTH & WELLNESS, INC.

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC5479400923**

**Current Principal Place of Business:**

5900 HIATUS ROAD  
SUITE 100  
COOPER CITY, FL 33330-4527

**Current Mailing Address:**

C/O GRUBER AND ASSOCIATES, P.A.  
2400 EAST COMMERCIAL BOULEVARD SUITE 1  
FORT LAUDERDALE, FL 33308-4001 US

**FEI Number: 65-0826164**

**Certificate of Status Desired: No**

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

MCVAY, KIRK E  
5900 HIATUS ROAD  
SUITE 100  
COOPER CITY, FL 33330-4527 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:** KIRK E. MCVAY

04/21/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MCVAY, KIRK E  
Address 5900 HIATUS ROAD  
SUITE 100  
City-State-Zip: COOPER CITY FL 33330-4527

Title D  
Name MCVAY, VALERIE L  
Address 5900 HIATUS ROAD  
SUITE 100  
City-State-Zip: COOPER CITY FL 33330-4527

*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:** KIRK E. MCVAY

**PRESIDENT**

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date