

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061683

Entity Name: CEDERQUIST MEDICAL WELLNESS CENTER, INC.

Current Principal Place of Business:

1575 PINE RIDGE ROAD
SUITE 19
NAPLES, FL 34109

Current Mailing Address:

1575 PINE RIDGE ROAD
SUITE 19
NAPLES, FL 34109

FEI Number: 59-3529688

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CEDERQUIST, CAROLINE JM.D.
7206 MILL RUN CIRCLE
NAPLES, FL 34109 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 CEDERQUIST, CAROLINE JM.D.
Address 7206 MILL RUN CIR
City-State-Zip: NAPLES FL 34109

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: CAROLINE CEDERQUIST

PRESIDENT

03/04/2014

Electronic Signature of Signing Officer/Director Detail

Date