

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N18000013199

Entity Name: INVISIBLE ME WARRIORS CHRONIC ILLNESS ADVOCATES
LIMITED INC.

Current Principal Place of Business:

7750 OKEECHOBEE BLVD
STE 4-3010
WEST PALM BEACH, FL 33411

Current Mailing Address:

7750 OKEECHOBEE BLVD
STE 4-3010
WEST PALM BEACH, FL 33411 US

FEI Number: 83-2893496

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL 33021 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, CEO
Name ALDAS, MICHELL V
Address 7750 OKEECHOBEE BLVD
STE 4-3010
City-State-Zip: WEST PALM BEACH FL 33411

Title CFO
Name MALONEY, JOHNNY
Address 7750 OKEECHOBEE BLVD
STE 4-3010
City-State-Zip: WEST PALM BEACH FL 33411

Title COO
Name FRELING, SUSAN
Address 7750 OKEECHOBEE BLVD
STE 4-3010
City-State-Zip: WEST PALM BEACH FL 33411

Title OFFICER
Name CAMPBELL, ARIANE
Address 7750 OKEECHOBEE BLVD
STE 4-3010
City-State-Zip: WEST PALM BEACH FL 33411

Title OFFICER
Name WOLFSON, NEIL
Address 7750 OKEECHOBEE BLVD
STE 4-3010
City-State-Zip: WEST PALM BEACH FL 33411

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELL V ALDAS

CEO

07/30/2021

Electronic Signature of Signing Officer/Director Detail

Date