

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000001343

Entity Name: OPTIMUM WELLNESS FOUNDATION INC

Current Principal Place of Business:

2620 N AUSTRALIAN AVE
STE 109
WEST PALM BEACH, FL 33407

Current Mailing Address:

7356 EDISTO DRIVE
LAKE WORTH, FL 33467 US

FEI Number: 92-2323895

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTIME, GUERLYNE
2620 N AUSTRALIAN AVE
STE 109
WEST PALM BEACH, FL 33407 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 D
Name ESTIME, GUERLYNE
Address 2620 N AUSTRALIAN AVE STE 109
City-State-Zip: WEST PALM BEACH FL 33407

Title D
Name ESTIME, FRITZNAUD
Address 2620 N AUSTRALIAN AVE STE 109
City-State-Zip: WEST PALM BEACH FL 33407

Title D
Name ETIENVIL, MILENE
Address 2620 N AUSTRALIAN AVE STE 109
City-State-Zip: WEST PALM BEACH FL 33407

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: GUERLYNE ESTIME

PRESIDENT

03/09/2024

Electronic Signature of Signing Officer/Director Detail

Date