

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000085271

**Entity Name:** HEALTHWISE ENTERPRISES, INC.

**Current Principal Place of Business:**

4221 SW HIGH MEADOWS AVE SUITE 101  
PALM CITY, FL 34990

**Current Mailing Address:**

9726 SW PURPLE MARTIN WAY  
STUART, FL 34997 US

**FEI Number:** 27-3651743

**Certificate of Status Desired:** No

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

HALPERN, D.C., SILVIA ROSEN DR.  
9726 SW PURPLE MARTIN WAY  
STUART, FL 34997 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           MANAGER  
Name           HALPERN, SILVIA  
Address        9726 SW PURPLE MARTIN WAY  
City-State-Zip: STUART FL 34997

*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:** SILVIA HALPERN

**MANAGER**

**02/19/2024**

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

\_\_\_\_\_  
Date