

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000047371

**Entity Name:** WHOLE WELLNESS THERAPIES, INC.

**Current Principal Place of Business:**

2031 4TH ST. NORTH - STE. #5  
ST. PETERSBURG, FL 33704

**Current Mailing Address:**

2031 4TH ST. NORTH - STE. #5  
ST. PETERSBURG, FL 33704 US

**FEI Number: 81-2827945**

**Certificate of Status Desired: No**

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

WHOLE WELLNESS THERAPIES  
2031 4TH ST. NORTH - STE. #5  
ST. PETERSBURG, FL 33704 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: DANIEL AUGER**

**03/09/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P,T	Title	S,D
Name	AUGER, DANIEL	Name	AUGER, DANIEL
Address	2031 4TH ST. NORTH, SUITE #5	Address	2031 4TH ST. NORTH, SUITE #5
City-State-Zip:	ST. PETERSBURG FL 33704	City-State-Zip:	ST. PETERSBURG FL 33704

*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: DANIEL R AUGER**

**PRESIDENT**

**03/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date