

**2019 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:**

SMARTCHOICE BUSINESS SOLUTIONS LLC  
1014 8TH AVE W  
PALMETTO, FL 34221 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,T  
Name AUGER, DANIEL  
Address 2031 4TH ST. NORTH, SUITE #5  
City-State-Zip: ST. PETERSBURG FL 33704

Title S,D  
Name AUGER, DANIEL  
Address 2031 4TH ST. NORTH, SUITE #5  
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 AUGER**

**OWNER**

**02/18/2019**

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

\_\_\_\_\_  
Date