

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000067636

**Entity Name:** MIAMI INTEGRATIVE WELLNESS CORP

**Current Principal Place of Business:**

168 SE 1ST ST  
SUITE 807  
MIAMI, FL 33131

**Current Mailing Address:**

168 SE 1ST ST  
SUITE 807  
MIAMI, FL 33131

**FEI Number:** 82-2450135

**Certificate of Status Desired:** No

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

NUNEZ, SUSANA  
50 BISCAYNE BLVD  
APT 3704  
MIAMI, FL 33132 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  
Name NUNEZ, SUSANA  
Address 50 BISCAYNE BLVD  
APT 3704  
City-State-Zip: MIAMI FL 33132

*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:** SUSANA NUNEZ

**PRESIDENT**

**01/25/2022**

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

\_\_\_\_\_  
Date