

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000091004

**FILED**  
**Apr 11, 2018**  
**Secretary of State**  
**CC8101963679**

**Entity Name:** SUNBELT WELLNESS EMPORIUM, INC.

**Current Principal Place of Business:**

8833 PERIMETER PARK BLVD SUITE #1004  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

P.O. BOX 550902  
JACKSONVILLE, FL 32255 US

**FEI Number:** 82-4110829

**Certificate of Status Desired:** Yes

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

KALYNYCH, NICHOLAS M  
690 MAJESTIC EAGLE DRIVE  
PONTE VEDRA, FL 32081 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 KALYNYCH, NICHOLAS M  
Address 690 MAJESTIC EAGLE DRIVE  
City-State-Zip: PONTE VEDRA FL 32081

Title VP  
Name CUSHENBERY, CAMERON S  
Address 3910 CHARTER HOUSE DR  
City-State-Zip: JACKSONVILLE FL 32224

Title DIR  
Name DELEON, EFRAIN CRNA  
Address 1565 MISTY LAKE DRIVE  
City-State-Zip: FLEMING ISLAND FL 32003

Title DIR  
Name MERRITT, CHRIS RN  
Address 2601 PAULORI DRIVE  
City-State-Zip: ORLANDO FL 32835

Title MED DIR  
Name SHAPIRO, DAVID MD  
Address 4814 APACHE AVE.  
City-State-Zip: JACKSONVILLE FL 32210

*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:** NICHOLAS M. KALYNYCH

**CEO / MANAGING  
PARTNER**

**04/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date