

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000046803

**Entity Name:** 360 WELLNESS HEALTH CO.

**Current Principal Place of Business:**

12235 VAQUERO TRAILS DR.  
DAVIE, FL 33325

**Current Mailing Address:**

12235 VAQUERO TRAILS DR.  
DAVIE, FL 33325

**FEI Number:** 83-0689580

**Certificate of Status Desired:** No

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

BOZZA, DAVID  
12235 VAQUERO TRAILS DR.  
DAVIE, FL 33325 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 PS  
Name BOZZA, DAVID  
Address 12235 VAQUERO TRAILS DR.  
City-State-Zip: DAVIE FL 33325

*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:** DAVID BOZZA

**PRESIDENT**

**04/22/2019**

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

\_\_\_\_\_  
Date