

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000046006

**Entity Name:** WINTER PARK HEALTH AND WELLNESS, INC.

**FILED**  
**Mar 24, 2020**  
**Secretary of State**  
**0939759987CC**

**Current Principal Place of Business:**

1555 HOWELL BRANCH ROAD  
SUITE C202  
WINTER PARK, FL 32789

**Current Mailing Address:**

1555 HOWELL BRANCH ROAD  
SUITE C202  
WINTER PARK, FL 32789 US

**FEI Number: 84-2099382**

**Certificate of Status Desired: No**

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

AMBS, OLIVIA  
1555 HOWELL BRANCH ROAD  
SUITE C202  
WINTER PARK, FL 32789 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            PRES  
Name            AMBS, OLIVIA  
Address        1555 HOWELL BRANCH ROAD, SUITE  
                  C202  
City-State-Zip: WINTER PARK FL 32789

Title            VP  
Name            AMBS, CHRISTOPHER  
Address        1555 HOWELL BRANCH ROAD, SUITE  
                  C202  
City-State-Zip: WINTER PARK FL 32789

Title            TREA  
Name            AMBS, CHRISTOPHER  
Address        1555 HOWELL BRANCH ROAD, SUITE  
                  C202  
City-State-Zip: WINTER PARK FL 32789

Title            SEC  
Name            AMBS, OLIVIA  
Address        1555 HOWELL BRANCH ROAD, SUITE  
                  C202  
City-State-Zip: WINTER PARK FL 32789

*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: OLIVIA AMBS, LMHC**

**PRESIDENT**

**03/24/2020**

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

\_\_\_\_\_  
Date