

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000064934

Entity Name: POWERS HEALTH SYSTEMS, INC.

Current Principal Place of Business:

1230 POWERS AVE
HOLLY HILL, FL 32117

Current Mailing Address:

1230 POWERS AVE
HOLLY HILL, FL 32117 US

FEI Number: 59-3442432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLI, PAMELA
1230 POWERS AVE
HOLLY HILL, FL 32117 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 OLI, PAMELA
Address 44 LIONS PAW GRAND
City-State-Zip: DAYTONA BEACH FL 32124

Title VST
Name AMOBI, JOY
Address 77 SPRING MEADOWS DR
City-State-Zip: ORMOND BEACH FL 32174

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: JOY AMOBI

VST

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date