

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000063815

**Entity Name:** PATRI WELLNESS CORP

**Current Principal Place of Business:**

1451 SW 1ST STREET  
CAPE CORAL, FL 33991

**Current Mailing Address:**

1451 SW 1ST STREET  
CAPE CORAL, FL 33991 US

**FEI Number:** 87-1643346

**Certificate of Status Desired:** No

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

MEDINA, MAILU  
1451 SW 1ST STREET  
CAPE CORAL, FL 33991 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 MEDINA, MAILU  
Address 1451 SW 1ST STREET  
City-State-Zip: CAPE CORAL FL 33991

*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:** MAILU MEDINA

**PRESIDENTE**

**04/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date