

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P21000095627

**Entity Name:** PRIORITY WELLNESS CARE INC

**Current Principal Place of Business:**

6750 N ANDREWS AVE STE 200  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

6750 N ANDREWS AVE STE 200  
FT. LAUDERDALE, FL 33309

**FEI Number:** 87-3763539

**Certificate of Status Desired:** No

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

TAYLOR, POLINA  
6750 N ANDREWS AVE STE200  
FT. LAUDERDALE, FL 33309 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:** POLINA TAYLOR

03/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TAYLOR, POLINA  
Address        6750 N ANDREWS AVE STE 200  
City-State-Zip: FT. LAUDERDALE FL 33309

Title            PRESIDENT  
Name            DIAZ, ALICIA  
Address        789 W YAMATO RD  
                  APT 707 BOCA RATON  
City-State-Zip: FL FL 33431

*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:** ALICIA DIAZ

PRESIDENT

03/20/2023

Electronic Signature of Signing Officer/Director Detail

Date