

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P21000095627

**Entity Name:** PRIORITY WELLNESS CARE INC

**Current Principal Place of Business:**

6245 NORTH FEDERAL HIGHWAY  
SUITE 415  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

6245 NORTH FEDERAL HIGHWAY  
SUITE 415  
FT. LAUDERDALE, FL 33308 US

**FEI Number:** 87-3763539

**Certificate of Status Desired:** No

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

TAYLOR, POLINA  
6245 NORTH FEDERAL HIGHWAY  
SUITE 415  
FT. LAUDERDALE, FL 33308 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

06/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TAYLOR, POLINA  
Address        6245 NORTH FEDERAL HIGHWAY  
                  SUITE 415  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            COO  
Name            GELLER, ELFRIDA  
Address        6245 NORTH FEDERAL HIGHWAY  
                  SUITE 415  
City-State-Zip: FT. LAUDERDALE FL 33308

*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:** POLINA TAYLOR

PRESIDENT

06/10/2024

Electronic Signature of Signing Officer/Director Detail

Date