2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P21000095627

Entity Name: PRIORITY WELLNESS CARE INC

Name. I MOMITT WELLINESS CARE II

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 US

FEI Number: 87-3763539 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, POLINA 6750 N ANDREWS AVE STE 200 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 08/22/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title OFFICER

Name TAYLOR, POLINA Name GELLER, ELFRIDA

Address 6750 N ANDREWS AVE STE 200 Address 6750 N ANDREWS AVE STE 200
City-State-Zip: FT. LAUDERDALE FL 33309 City-State-Zip: FT. LAUDERDALE FL 33309

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 08/22/2023

FILED Aug 22, 2023

Secretary of State

2777142421CC

Date