

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000065459

Entity Name: MAYO PHARMACY AND WELLNESS CENTER, INC.

Current Principal Place of Business:

4846 NW LAKE JEFFERY ROAD
LAKE CITY, FL 32055

Current Mailing Address:

4846 NW LAKE JEFFERY ROAD
LAKE CITY, FL 32055 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAYO, ERICA
4846 NW LAKE JEFFERY ROAD
LAKE CITY, FL 32055 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 PTD
Name MAYO, ERICA
Address 4846 NW LAKE JEFFERY ROAD
City-State-Zip: LAKE CITY FL 32055

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: ERICA MAYO

PRESIDENT

03/28/2025

Electronic Signature of Signing Officer/Director Detail

Date