

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000000120

**Entity Name:** BAM WELLNESS CORPORATION

**Current Principal Place of Business:**

4613 N UNIVERSITY DR #318  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

4613 N UNIVERSITY DR #318  
CORAL SPRINGS, FL 33067 US

**FEI Number: 81-1852539**

**Certificate of Status Desired: No**

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

MACLEOD, MICHAEL  
4613 N UNIVERSITY DR #318  
CORAL SPRINGS, FL 33067 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            CT  
Name            BUTVICK, BRYAN  
Address        401 FRANKLIN AVE  
City-State-Zip: GARDEN CITY NY 11530

Title            DP  
Name            MACLEOD, MICHAEL  
Address        4613 N UNIVERSITY DR #318  
City-State-Zip: CORAL SPRINGS FL 33067

*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: MICHAEL MACLEOD**

**PRESIDENT**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date