

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001798

**Entity Name:** WELLVII INC.

**Current Principal Place of Business:**

4521 PGA BLVD  
UNIT 341  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4521 PGA BLVD  
UNIT 341  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 82-3903536

**Certificate of Status Desired:** No

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

KATZ, THOMAS O  
3020 NORTH MILITARY TRAIL  
SUITE 275  
BOCA RATON, FL 33431 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           DIRECTOR  
Name           O'LEARY, NEIL  
Address        4521 PGA BLVD  
                  UNIT 341  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title           CHIEF TECHNOLOGY OFFICER AND  
                  DIRECTOR  
Name           KHACHATURIAN, MARK  
Address        525 S FLAGLER DR, UNIT 301  
City-State-Zip: WEST PALM BEACH FL 33401

Title           CFO  
Name           FABER, ROBERT  
Address        525 S. FLAGLER DRIVE  
                  SUITE 301  
City-State-Zip: BOCA RATON FL 33401

*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:** ROBERT FABER

**CFO**

**04/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date