

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010598

**Entity Name:** AT THE WELLNESS NETWORK, INC.

**Current Principal Place of Business:**

5210 NW 50TH TERRACE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

5210 NW 50TH TERRACE  
GAINESVILLE, FL 32606 US

**FEI Number: 81-4358355**

**Certificate of Status Desired:** No

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

KOONS, PAMELA D  
5210 NW 50TH TERRACE  
GAINESVILLE, FL 32606 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 DP  
Name KOONS, PAMELA D  
Address 5210 NW 50TH TERRACE  
City-State-Zip: GAINESVILLE FL 32606

Title VP  
Name KOONS, SCOTT R  
Address 5210 NW 50TH TERRACE  
City-State-Zip: GAINESVILLE FL 32606

Title D  
Name WEBB, TRACII  
Address 8464 KAMIN LANE  
City-State-Zip: MEMPHIS TN 38125

Title D  
Name THARPE, ANGELA  
Address 1929 NW 12TH TERRACE  
City-State-Zip: GAINESVILLE FL 32609

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAMELA D. KOONS**

**PRESIDENT**

**04/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date