

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000009097

**Entity Name:** SPINAL HEALTH AND WELLNESS, INC.

**Current Principal Place of Business:**

10820 PASO FINO DRIVE  
LAKEWORTH, FL 33449

**Current Mailing Address:**

10820 PASO FINO DRIVE  
LAKEWORTH, FL 33449 US

**FEI Number:** 82-2683339

**Certificate of Status Desired:** No

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

ROBERTS, JOAN  
10820 PASO FINO DRIVE  
LAKEWORTH, FL 33449 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:** JOAN P ROBERTS

03/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ROBERTS, JOAN  
Address 10820 PASO FINO DRIVE  
City-State-Zip: LAKEWORTH FL 33449

Title D  
Name ROBERTS, PAUL  
Address 10820 PASO FINO DRIVE  
City-State-Zip: LAKEWORTH FL 33449

Title D  
Name FLEMMINGS, RENEE  
Address 10820 PASO FINO DRIVE  
City-State-Zip: LAKEWORTH FL 33449

*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:** JOAN ROBERTS

**DIRECTOR**

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date