

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

DOCUMENT# N20000003346

**Entity Name:** EAST-LAKE HEALTH AND WELLNESS INC

**Current Principal Place of Business:**

24013 SORRENTO AVE.  
SORRENTO, FL 32776

**Current Mailing Address:**

24013 SORRENTO AVE  
SORRENTO, FL 32776 UN

**FEI Number:** 85-0561225

**Certificate of Status Desired:** No

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

BRIGHT LIGHT CONSULTING  
2595 SANFORD AV  
SANFORD, FL 32773 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	P	Title	VP
Name	LABOSSIERE, MARIE	Name	LABOSSIERE, ADLER
Address	24013 SORRENTO AVE	Address	24013 SORRENTO AVE
City-State-Zip:	SORRENTO FL 32776	City-State-Zip:	SORRENTO FL 32776
Title	S		
Name	LABOSSIERE, OLIVIER		
Address	24013 SORRENTO AVE		
City-State-Zip:	SORRENTO FL 32776		

*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:** MARIE A. V. LABOSSIERE

**PRESIDENT**

**04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date