

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000012059

Entity Name: PAWSITIVE ABILITIES WELLNESS SOCIETY, INCORPORATED**Current Principal Place of Business:**6900 TAVISTOCK LAKES BLVD
SUITE 400
ORLANDO, FL 32827**Current Mailing Address:**6900 TAVISTOCK LAKES BLVD
SUITE 400
ORLANDO, FL 32827 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUSSO, JEFFREY M
6900 TAVISTOCK LAKES BLVD
SUITE 400
ORLANDO, FL 32827 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
Name RUSSO, JEFFREY M
Address 1104 PENNSYLVANIA AVE
City-State-Zip: ST. CLOUD FL 34769

Title VP
Name RUSSO, CRISTY L PHD
Address 6900 TAVISTOCK LAKES BLVD
SUITE 400
City-State-Zip: ORLANDO FL 32827

Title MS.
Name BRAAK, C
Address 6900 TAVISTOCK LAKES BLVD
SUITE 400
City-State-Zip: ORLANDO FL 32827

Title MR.
Name SMITH, K
Address 6900 TAVISTOCK LAKES BLVD
SUITE 400
City-State-Zip: ORLANDO FL 32827

Title VP
Name CASTRANOVA, PETER T
Address 6900 TAVISTOCK LAKES BLVD
SUITE 400
City-State-Zip: ORLANDO FL 32827

Title MS.
Name THORNTON, E
Address 6900 TAVISTOCK LAKES BLVD
SUITE 400
City-State-Zip: ORLANDO FL 32827

Title MS.
Name LATCHMANSINGH, A
Address 6900 TAVISTOCK LAKES BLVD
SUITE 400
City-State-Zip: ORLANDO FL 32827

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: CRISTY L RUSSO

VP

05/01/2025

Electronic Signature of Signing Officer/Director Detail

Date