

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J31759

**Entity Name:** FUTURE HEALTH, INC.

**Current Principal Place of Business:**

300 S. PINE ISLAND ROAD  
238  
PLANTATION, FL 33324

**Current Mailing Address:**

300 S. PINE ISLAND ROAD  
238  
PLANTATION, FL 33324 US

**FEI Number:** 59-2731922

**Certificate of Status Desired:** No

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

BAYLESS, THOMAS R  
300 S. PINE ISLAND RD  
238  
PLANTATION, FL 33324 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 PD  
Name BAYLESS, THOMAS  
Address 300 S. PINE ISLAND ROAD, SUITE 238  
City-State-Zip: PLANTATION FL 33324

Title VP  
Name BAYLESS, PATRICIA LOREN  
Address 300 S. PINE ISLAND ROAD  
238  
City-State-Zip: PLANTATION FL 33324

*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:** THOMAS REECE BAYLESS

PD

03/15/2023

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

\_\_\_\_\_  
Date