

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000105542

**Entity Name:** WELLS PHARMA, INC.

**Current Principal Place of Business:**

3420 FAIRLANE FARMS RD  
SUITE #200  
WELLINGTON, FL 33414

**Current Mailing Address:**

3420 FAIRLANE FARMS RD  
SUITE #200  
WELLINGTON, FL 33414 US

**FEI Number:** 45-4040310

**Certificate of Status Desired:** No

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

SHAPIRO, COLLEEN STACY  
3420 FAIRLANE FARMS RD  
SUITE #200  
WELLINGTON, FL 33414 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, VP, SECRETARY  
Name SHAPIRO, COLLEEN S  
Address 3420 FAIRLANE FARMS RD  
SUITE #200  
City-State-Zip: WELLINGTON FL 33414

*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:** COLLEEN S SHAPIRO

PD, VP, SECRETARY

04/27/2022

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

\_\_\_\_\_  
Date