

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000001272

**Entity Name:** GET WELL MEDICAL CARE OF SOUTH FLORIDA P.A.

**Current Principal Place of Business:**

140 VIA DESTE  
UNIT 801  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

140 VIA DESTE  
UNIT 801  
DELRAY BEACH, FL 33445 US

**FEI Number:** 47-2752614

**Certificate of Status Desired:** No

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

GREENFIELD, JODY  
140 VIA DESTE  
UNIT 801  
DELRAY BEACH, FL 33445 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            DIR  
Name            GREENFIELD, JODY  
Address        140 VIA DESTE  
                  UNIT 801  
City-State-Zip: DELRAY BEACH FL 33445

*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:** JODY GREENFIELD

**PRESIDENT**

**01/28/2024**

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

\_\_\_\_\_  
Date