

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000094023

Entity Name: FREEDOM HEALTH AND WELL-BEING, INC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 US

FEI Number: 83-3253517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, DANIEL J
2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 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 | GARCIA, AMANDA V | Name | GARCIA, DANIEL J |
| Address | 2121 PONCE DE LEON BLVD., STE 1050 | Address | 2121 PONCE DE LEON BLVD., STE 1050 |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 |

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: AMANDA GARCIA

PRESIDENT

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date