

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000056035

Entity Name: PHYSICIANS CANNABIS CENTERS, INC.**Current Principal Place of Business:**3515 DEL PRADO BLVD., SOUTH
SUITE 101
CAPE CORAL, FL 33904**Current Mailing Address:**3515 DEL PRADO BLVD., SOUTH
SUITE 101
CAPE CORAL, FL 33904 US**FEI Number:** 84-2484592**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERA, MARZIA P
3515 DEL PRADO BLVD., SOUTH
SUITE 101
CAPE CORAL, FL 33904 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:** MARZIA RIVERA

04/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P, VP
Name	RIVERA, MARZIA P
Address	3515 DEL PRADO BLVD., SOUTH SUITE 101
City-State-Zip:	CAPE CORAL FL 33904

Title	S, T
Name	RIVERA, MARZIA P
Address	3515 DEL PRADO BLVD., SOUTH SUITE 101
City-State-Zip:	CAPE CORAL FL 33904

Title	DIRECTOR
Name	SOUTHERN WORLD LLC
Address	618 SW SANTA BARBARA PL
City-State-Zip:	CAPE CORAL FL 33991

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: MARZIA RIVERA

PRES

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date