

**2026 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000065349

**Entity Name:** HEALTH AND WELLNESS OF LAKE MARY INC

**Current Principal Place of Business:**

122 N 4TH STREET  
SUITE 1022  
LAKE MARY, FL 32746

**Current Mailing Address:**

PO BOX 952427  
LAKE MARY, FL 32795

**FEI Number:** 84-2804000

**Certificate of Status Desired:** No

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

ALZAYAYDE, WISAM  
122 NORTH 4TH STREET  
SUITE 1022  
LAKE MARY, FL 32746 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  
Name ALZAYAYDE, WISAM  
Address 122 NORTH 4TH STREET  
SUITE 1022  
City-State-Zip: LAKE MARY FL 32746

*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:** WISAM ALZAYAYDE

**OWNER**

**04/23/2026**

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

\_\_\_\_\_ Date