

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000089810

**Entity Name:** MED WELLNESS SPA GROUP INC.

**Current Principal Place of Business:**

900 NE 12TH AVE  
APT 403  
HALLANDALE, FL 33009

**Current Mailing Address:**

900 NE 12TH AVE  
APT 403  
HALLANDALE, FL 33009

**FEI Number:** 87-3399521

**Certificate of Status Desired:** No

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

SABATELA, THERESA A  
900 NE 12TH AVE  
APT 403  
HALLANDALE, FL 33009 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 SABATELA, THERESA A  
Address 900 NE 12TH AVE APT 403  
City-State-Zip: HALLANDALE FL 33009

Title VP  
Name SABATELA, MIGUEL A  
Address 900 NE 12TH AVE APT 403  
City-State-Zip: HALLANDALE FL 33009

*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:** THERESA SABATELA

02/16/2023

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

\_\_\_\_\_  
Date