

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000100686

Entity Name: UNIVERSAL TELE-HEALTH & WELLNESS INC.**Current Principal Place of Business:**229 STATE ROAD 60 E
LAKE WALES, FL 33853**Current Mailing Address:**229 STATE ROAD 60 E
LAKE WALES, FL 33853 US**FEI Number: 87-3829247****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITE-CAMPBELL, SHIRLEY O DR.
229 STATE ROAD 60E
LAKE WALES, FL 33853 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	D
Name	WHITE-CAMPBELL, SHIRLEY O DR.
Address	229 STATE ROAD 60 E
City-State-Zip:	LAKE WALES FL 33853

Title	P
Name	CAMPBELL, LE-ANNA G MS.
Address	229 STATE ROAD 60 E
City-State-Zip:	LAKE WALES FL 33853

Title	VP
Name	WHITE-CAMPBELL, LE-ANDREA K. MISS
Address	229 STATE ROAD 60 E
City-State-Zip:	LAKE WALES FL 33853

Title	T
Name	WHITE-CAMPBELL, SHIRLEY O DR.
Address	229 STATE ROAD 60 E
City-State-Zip:	LAKE WALES FL 33853

Title	M
Name	CAMPBELL, SHERRAH S. MR.
Address	229 STATE ROAD 60 E
City-State-Zip:	LAKE WALES FL 33853

Title	S
Name	CAMPBELL, LA-CHANDRA L MS
Address	229 STATE ROAD 60 E
City-State-Zip:	LAKE WALES FL 33853

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: DR. SHIRLEY WHITE-CAMPBELL**DNP, ARNP, FNP.****04/22/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date