## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000020039

Entity Name: FLORIDA BODY AND WELLNESS INC.

**Current Principal Place of Business:** 

2251 TOWN CENTER AVENUE

SUITE 101-18

MELBOURNE, FL 32940

**Current Mailing Address:** 

26700 TOWN CENTER DRIVE

**SUITE 170** 

FOOTHILL RANCH, CA 92610 US

FEI Number: 88-1484532 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: CHRIS DAS 03/04/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title PRESIDENT

Name COX, MOJGAN RAVAVI Name COX, MOJGAN RAVAVI

Address 2251 TOWN CENTER AVENUE SUITE Address 2251 TOWN CENTER AVENUE SUITE

101-18

City-State-Zip: MELBOURNE FL 32940 City-State-Zip: MELBOURNE FL 32940

Title VICE-PRESIDENT Title SECRETARY

Name COX, MOJGAN RAVAVI Name COX, MOJGAN RAVAVI

Address 2251 TOWN CENTER AVENUE SUITE Address 2251 TOWN CENTER AVENUE SUITE

101-18 101-18

City-State-Zip: MELBOURNE FL 32940 City-State-Zip: MELBOURNE FL 32940

Title TREASURER

Name COX, MOJGAN RAVAVI

Address 2251 TOWN CENTER AVENUE SUITE

101-18

City-State-Zip: MELBOURNE FL 32940

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: MOJGAN RAVAVI COX

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/04/2024 Date

FILED Mar 04, 2024

**Secretary of State** 

6609186824CC

Date