

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000044789

**Entity Name:** SOUTH FLORIDA WELLNESS SERVICES, INC.

**Current Principal Place of Business:**

6151 MIRAMAR PARKWAY  
SUITE 308  
MIRAMAR, FL 33023

**Current Mailing Address:**

6151 MIRAMAR PARKWAY,  
SUITE 308  
MIRAMAR, FL 33023 US

**FEI Number:** 88-2542715

**Certificate of Status Desired:** Yes

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

HEARD, KEISA M  
7645 NW 19TH CT  
PEMBROKE PINES, FL 33024 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            CEO  
Name            HEARD, KEISA M  
Address        7645 NW 19TH CT  
City-State-Zip: PEMBROKE PINES FL 33024

Title            CFO  
Name            LIVINGSTON, TERRENCE N II  
Address        2410 NW 60TH ST  
City-State-Zip: MIAMI FL 33142

Title            COO  
Name            BIEN AIME, AMOS  
Address        4882 SW 159TH AVE  
City-State-Zip: MIRAMAR FL 33027

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:** KEISA MARIA HEARD

CEO

01/23/2023

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

\_\_\_\_\_  
Date