

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000047508

Entity Name: ELEVATE FUNCTIONAL WELLNESS AND PRIMARY CARE, INC.

Current Principal Place of Business:

868 SHORELINE CIRCLE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

868 SHORELINE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 88-2818860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GROBSTICK, AMY
868 SHORELINE CIRCLE
PONTE VEDRA BEACH, FL 32082 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 GROBSTICK, AMY
Address 868 SHORELINE CIRCLE
City-State-Zip: PONTE VEDRA BEACH FL 32082

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: AMY GROBSTICK

PRESIDENT

02/04/2024

Electronic Signature of Signing Officer/Director Detail

Date