

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000021791

**Entity Name:** WONESE HEALTHCARE INC

**Current Principal Place of Business:**

8615 COMMODITY CIRCLE  
SUITE 4  
ORLANDO, FL 32819

**Current Mailing Address:**

8615 COMMODITY CIRCLE  
SUITE 4  
ORLANDO, FL 32819

**FEI Number:** 92-3099906

**Certificate of Status Desired:** No

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

LOBO, STEVE  
8615 COMMODITY CIRCLE  
SUITE 4  
ORLANDO, FL 32819 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 LOBO, STEVE  
Address 8615 COMMODITY CIRCLE, SUITE 4  
City-State-Zip: ORLANDO FL 32819

*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:** STEVE LOBO

**DIRECTOR**

**02/01/2024**

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

\_\_\_\_\_  
Date