

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000079942

**Entity Name:** HEALTH WISDOM, INC.

**Current Principal Place of Business:**

1835 EAST WEST PKWY  
STE 5  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1835 EAST WEST PKWY  
STE 5  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 59-3474140

**Certificate of Status Desired:** No

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

LEE, KAM P  
1924 QUAKER RIDGE DR.  
GREEN COVE SPRINGS, FL 32043-8089 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 PD  
Name LEE, KAM POH MR.  
Address 1924 QUAKER RIDGE DR.  
City-State-Zip: GREEN COVE SPRINGS FL 32043-8089

Title V. P  
Name LEE, NGHI MAN MRS.  
Address 1924 QUAKER RIDGE DR.  
City-State-Zip: GREEN COVE SPRINGS FL 32043-8089

*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:** KAM LEE

**PRESIDENT**

**03/20/2020**

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

\_\_\_\_\_  
Date