

2023 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	VP
Name	LEE, NGHI MAN MRS.
Address	1924 QUAKER RIDGE DR.
City-State-Zip:	GREEN COVE SPRINGS FL 32043-8089

Title	VP
Name	LEE, VINCENT YANG DR.
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 P. LEE

PD

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date