

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000000833

Entity Name: ENTIER WELLNESS TECHNOLOGIES, INC.**Current Principal Place of Business:**1420 CELEBRATION BLVD.
SUITE:200
CELEBRATION, FL 34747**Current Mailing Address:**1420 CELEBRATION BLVD.
SUITE:200
CELEBRATION, FL 34747 US**FEI Number:** 84-4732393**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNIVERSAL REGISTERED AGENTS, INC.
1317 CALIFORNIA STREET
TALLAHASSEE, FL 32304 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	DIRECTOR AND CHIEF EXECUTIVE OFFICER
Name	KASTEN, NICOLE E
Address	1420 CELEBRATION BLVD. STE:200
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR
Name	ROMANO, JR., CHESTER E
Address	1420 CELEBRATION BLVD. STE:200
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR AND CHIEF REVENUE OFFICER
Name	MILLAY, MICHAEL J
Address	1420 CELEBRATION BLVD. STE:200
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR AND CHIEF SCIENCE AND TECHNOLOGY OFFICER
Name	PORTER, TANYA J
Address	1420 CELEBRATION BLVD. STE:200
City-State-Zip:	CELEBRATION FL 34747

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: NICOLE KASTENCHIEF EXECUTIVE
OFFICER

01/06/2023

Electronic Signature of Signing Officer/Director Detail

Date