

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000002076

**Entity Name:** FORTE ANIMAL HEALTH, INC.

**Current Principal Place of Business:**

1317 EDGEWATER DRIVE, SUITE 3902  
ORLANDO, FL 32804

**Current Mailing Address:**

1317 EDGEWATER DRIVE, SUITE 3902  
ORLANDO, FL 32804 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK INC  
801 US HWY 1  
NORTH PALM BCH, FL 33408 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            PRESIDENT, DIRECTOR  
Name            GRIFFIN , NOREEN  
Address        1317 EDGEWATER DRIVE, SUITE 3902  
  
City-State-Zip: ORLANDO FL 32804

Title            TREASURER, SECRETARY &  
                    DIRECTOR  
Name            WILSON , KELLY  
Address        1317 EDGEWATER DRIVE, SUITE 3902  
  
City-State-Zip: ORLANDO FL 32804

Title            VP, DIRECTOR  
Name            WILSON , ROBERT  
Address        1317 EDGEWATER DRIVE, SUITE 3902  
  
City-State-Zip: ORLANDO FL 32804

Title            CFO  
Name            FARMER, GLEN  
Address        1317 EDGEWATER DRIVE, SUITE 3902  
  
City-State-Zip: ORLANDO FL 32804

*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: KELLY O. WILSON**

**SECRETARY**

**01/23/2023**

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

\_\_\_\_\_  
Date