

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004285

Entity Name: WELLBOX INC.

Current Principal Place of Business:

4401 SALISBURY RD, STE. 104
JACKSONVILLE, FL 32216

Current Mailing Address:

4401 SALISBURY RD, STE. 104
JACKSONVILLE, FL 32216 US

FEI Number: 37-1801961

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FINDLAY, NATHANIAL B
4401 SALISBURY RD, STE. 104
JACKSONVILLE, FL 32216 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 FINDLAY, NATHANIAL B
Address 4401 SALISBURY RD, STE. 104
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name VINCENT CHIARA
Address 4401 SALISBURY RD, STE. 104
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name SCHIESL, JOE
Address 4401 SALISBURY RD, STE. 104
City-State-Zip: JACKSONVILLE FL 32216

Title D
Name IHNATOWYCZ, IAN O
Address C/O MYCA HEALTH INC.
2800 RUE LOUIS-LUMIERE SUITE 200
City-State-Zip: QUEBEC (QUEBEC) G1P-0A4

Title DIRECTOR
Name MURDOCH, NEIL
Address 4401 SALISBURY RD, STE. 104
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name GREEN, TEE
Address 4401 SALISBURY RD, STE. 104
City-State-Zip: JACKSONVILLE FL 32216

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: ROSEMARY KELLY

CFO

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date