

**2022 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:**

KELLY, ROSEMARY MARGARET  
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:** ROSEMARY M. KELLY

03/13/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name PHILLIPS, JON  
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 M KELLY

CFO

03/13/2022

Electronic Signature of Signing Officer/Director Detail

Date