2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004285

Entity Name: WELLBOX INC.

Current Principal Place of Business:

12574 FLAGLER CENTER BLVD

STE 101

JACKSONVILLE, FL 32258

Current Mailing Address:

12574 FLAGLER CENTER BLVD

STE 101

JACKSONVILLE, FL 32258 US

FEI Number: 37-1801961 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLY, ROSEMARY MARGARET 12574 FLAGLER CENTER BLVD STE 101

JACKSONVILLE, FL 32258 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 01/25/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name IHNATOWYCZ, IAN O Name VINCENT CHIARA

Address C/O MYCA HEALTH INC. Address 4401 SALISBURY RD, STE. 104

2800 RUE LOUIS-LUMIERE SUITE 200 City-State-Zip: JACKSONVILLE FL 32216

City-State-Zip: QUEBEC (QUEBEC) G1P-0A4 Title DIRECTOR

Title DIRECTOR Name SCHIESL, JOE

Name MURDOCH, NEIL Address 4401 SALISBURY RD, STE. 104

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

City-State-Zip: JACKSONVILLE FL 32216 Title DIRECTOR

Title DIRECTOR Name PHILLIPS, JON

Name GREEN, TEE Address 4401 SALISBURY RD, STE. 104

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

City-State-Zip: JACKSONVILLE FL 32216

Electronic Signature of Signing Officer/Director Detail

FILED Jan 25, 2023

Secretary of State

0448366960CC

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.