

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006567

**Entity Name:** F3 HEALTH AND WELLNESS, INC.

**Current Principal Place of Business:**

173 MARY ST  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

173 MARY ST  
WINTER GARDEN, FL 34787 US

**FEI Number:** 46-3159472

**Certificate of Status Desired:** No

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

GRIMES, JASON  
173 MARY ST  
WINTER GARDEN, FL 34787 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:** JASON GRIMES

05/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GRIMES, JASON  
Address 173 MARY ST  
City-State-Zip: WINTER GARDEN FL 34787

Title VP  
Name CHAMBERS, RUTH  
Address 901 INDIANA ST  
City-State-Zip: ORLANDO FL 32805

Title D  
Name ANDERSON, NEQUOSHA  
Address 1524 ATLANTIS DR  
City-State-Zip: APOPKA FL 32703

Title D  
Name BROCCO, TRACEY  
Address 101 S EOLA DR #802  
City-State-Zip: ORLANDO FL 32801

Title SEC  
Name ANDERSON, YVETTE  
Address 1524 ATLANTIS DRIVE  
City-State-Zip: AJPOPKA FL 32703

Title T  
Name DYKE, NEGAR  
Address 427 BARCLAY AVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON A DEON GRIMES

**PRESIDENT**

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date