

2015 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 32787

Current Mailing Address:

173 MARY ST
WINTER GARDEN, FL 32787

FEI Number: 46-3159472

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRIMES, JASON
173 MARY ST
WINTER GARDEN, FL 32787 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 P
Name GRIMES, JASON
Address 173 MARY ST
City-State-Zip: WINTER GARDEN FL 32787

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

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

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

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

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 GRIMES

PRESIDENT

03/12/2015

Electronic Signature of Signing Officer/Director Detail

Date