

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000003473

**Entity Name:** MY HEALTHY CITY, INC.

**Current Principal Place of Business:**

10541 OSPREY NEST DRIVE EAST  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

10541 OSPREY NEST DRIVE EAST  
JACKSONVILLE, FL 32257 US

**FEI Number: 86-1613174**

**Certificate of Status Desired: No**

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

ELIOT J. SAFER  
4348 SOUTHPOINT BOULEVARD, SUITE 101  
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 PTSD  
Name SCHUSTER, BARRY M  
Address 10541 OSPREY NEST DRIVE EAST  
City-State-Zip: JACKSONVILLE FL 32257

*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: BARRY M SCHUSTER**

**PRESIDENT**

**01/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date