

2024 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

01/05/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date