

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102444

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** GENTLE MEDICINE ASSOCIATES, INC.

**Current Principal Place of Business:**

202 SE 23 RD AVE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

202 SE 23 RD AVE  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 65-1051594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VACHON-BATAILLE, REGINE  
202 SE 23 RD AVE  
BOYNTON BEACH, FL 33435 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BATAILLE, REGINE V  
Address: 202 SE 23 RD AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T  
Name: BATAILLE, GARY  
Address: 202 SE 23 RD AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

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: REGINE V BATAILLE

PSD

02/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date