

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756386

Entity Name: ELECTROLYSIS SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

1855 WEST STATE ROAD 434
SUITE 200
LONGWOOD, FL 32750

FILED
Feb 06, 2014
Secretary of State
CC2612223762

Current Mailing Address:

LANA GRAY INTERNATIONAL
1855 WEST STATE ROAD 434 SUITE 200
LONGWOOD, FL 32750 US

FEI Number: 59-2184313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOTT, REIDI C
1855 WEST STATE ROAD 434
SUITE 200
LONGWOOD, FL 32750 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: REIDI C LOTT

02/06/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HERMANSPAN, KAREN
Address 10694 SOUTH U.S. 1
 SUITE B
City-State-Zip: PORT ST. LUCIE FL 34952

Title 2VP
Name WASMUND, CATHY -2VP
Address 15 ST. JOHNS MEDICAL PARK
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name HILLIGOSS, JOY
Address 4414 FLORIDA NATIONAL DRIVE
City-State-Zip: LAKELAND FL 33813

Title 1ST VP
Name MCALLISTER, STEPHANIE
Address 185 E. INDIANTOWN RD.
 SUITE 107
City-State-Zip: JUPITER FL 33477

Title CORRESPONDING SECRETARY
Name PULIDO, HOPE
Address 3314 HENDERSON RD.
 SUITE 209
City-State-Zip: TAMPA FL 33609

Title RECORDING SECRETARY
Name BRASSINGTON, JESSICA
Address 7550 W. UNIVERSITY AVE
 SUITE C
City-State-Zip: GAINESVILLE FL 32607

Title TREASURER
Name LOTT, REIDI
Address 1855 W. STATE ROAD 434
 SUITE 200
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name ADAMS, JUDY
Address 651 A1A BEACH BLVD
 SUITE A
City-State-Zip: ST. AUGUSTINE FL 32080

Continues on page 2

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: REIDI C. LOTT

TREASURER

02/06/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JULIEN, DEBORAH
Address 235 S. MAITLAND AVE
SUITE 211
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name PULIDO, TERESA
Address 3314 HENDERSON BLVD
SUITE 209
City-State-Zip: TAMPA FL 33609