## 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 VACHON BATAILLE

Electronic Signature of Signing Officer/Director Detail

# BOYNTON BEACH. FL 33435 FEI Number: 65-1051594

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

Electronic Signature of Registered Agent

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: GENTLE MEDICINE ASSOCIATES, INC.

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

DOCUMENT# P00000102444

BOYNTON BEACH, FL 33435

**Current Mailing Address:** 

202 SE 23 RD AVE

**Current Principal Place of Business:** 

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:

202 SE 23 RD AVE

Officer/Director Detail :			
Title	PSD	Title	Т
Name	BATAILLE, REGINE V	Name	BATAILLE, GARY
Address	202 SE 23 RD AVE	Address	202 SE 23 RD AVE
City-State-Zip:	BOYNTON BEACH FL 33435	City-State-Zip:	BOYNTON BEACH FL 33435

PRESIDENT

FILED

Certificate of Status Desired: No

01/20/2020

Date

Date