# 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: REGINEBATAILLE

Electronic Signature of Signing Officer/Director Detail

# FEI Number: 65-1051594

## Name and Address of Current Registered Agent:

VACHON-BATAILLE, REGINE 202 SE 23 RD AVE BOYNTON BEACH, FL 33435 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 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
City-State-Zip:	BUYNTON BEACH FL 33435	City-State-Zip:	BUTINION BEACH FL 33435

202 SE 23 RD AVE

# DOCUMENT# P00000102444

Entity Name: GENTLE MEDICINE ASSOCIATES, INC.

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

BOYNTON BEACH, FL 33435

# **Current Mailing Address:**

202 SE 23 RD AVE BOYNTON BEACH. FL 33435

# Certificate of Status Desired: No

Date

PRESIDENT

01/31/2022

FILED Jan 31, 2022 Secretary of State 7657722275CC

Date