

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000102444

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

**Current Principal Place of Business:**

202 SE 23 RD AVE  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

202 SE 23 RD AVE  
BOYNTON BEACH, FL 33435

**FEI Number:** 65-1051594

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title T  
Name BATAILLE, GARY  
Address 202 SE 23 RD AVE  
City-State-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 VACHON BATAILLE

**PRESIDENT**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date