Current Princ 202 SE 23RD AVI BOYNTON BEAC Current Mailin	CH, FL 33435		118870	5827CC
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202 SE 23RD BOYNTON BE	AVE EACH, FL 33435 US			
FEI Number: 65-1051594			Certificate of Status Desired: No	
Name and Ad	Idress of Current Registered Agent:			
	NE VACHON			
202 SE 23RD AVI				
202 SE 23RD AVI BOYNTON BEAC	E	tered office or regis	tered agent, or both, in the State of Flo	rida.
202 SE 23RD AVI BOYNTON BEAC The above named e	E CH, FL 33435 US	tered office or regis	tered agent, or both, in the State of Flo	rida. 02/14/2024
202 SE 23RD AVI BOYNTON BEAC The above named e	E CH, FL 33435 US entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	
202 SE 23RD AVI BOYNTON BEAC The above named e	E CH, FL 33435 US entity submits this statement for the purpose of changing its regis REGINE V BATAILLE Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	02/14/2024
202 SE 23RD AVI BOYNTON BEAC The above named e SIGNATURE: Officer/Direct	E CH, FL 33435 US entity submits this statement for the purpose of changing its regis REGINE V BATAILLE Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	02/14/2024
202 SE 23RD AVI BOYNTON BEAC The above named e SIGNATURE: Officer/Direct Title	E CH, FL 33435 US entity submits this statement for the purpose of changing its regis REGINE V BATAILLE Electronic Signature of Registered Agent tor Detail :			02/14/2024
202 SE 23RD AVI BOYNTON BEAC The above named e SIGNATURE: Officer/Direct Title F Name E	E CH, FL 33435 US entity submits this statement for the purpose of changing its regis REGINE V BATAILLE Electronic Signature of Registered Agent tor Detail : PSD	Title	т	02/14/2024

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

PRESIDENT

02/14/2024

Electronic Signature of Signing Officer/Director Detail

## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102444

Entity Name: GENTLE MEDICINE ASSOCIATES, INC.

FILED Feb 14, 2024 Secretary of State 1188705827CC

02/

Date