

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000150681

**Entity Name:** ISLAND MEDICAL SPA, INC.

**Current Principal Place of Business:**

765 CRANDON BLVD.  
SUITE 510  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

765 CRANDON BLVD.  
SUITE 510  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 20-3842057

**Certificate of Status Desired:** No

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

TRAAD, SILVIA  
765 CRANDON BLVD.  
SUITE 510  
KEY BISCAYNE, FL 33149 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 PD  
Name TRAAD, SILVIA  
Address 765 CRANDON BLVD. SUITE 510  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** SILVIA TRAAD

**PRESIDENT**

**02/07/2016**

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

\_\_\_\_\_  
Date