

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000061291

**Entity Name:** GULF COAST INSTITUTE OF ANTI-AGING, INC.

**Current Principal Place of Business:**

8878 EAST STATE ROAD 70  
102  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8878 EAST STATE ROAD 70  
102  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 46-3257858

**Certificate of Status Desired:** No

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

GIANGRANTE, CHERYL  
8878 EAST STATE ROAD 70  
SUITE 102  
LAKEWOOD RANCH, FL 34202 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 PVST  
Name GIANGRANTE, CHERYL  
Address 8878 STATE ROAD 70 EAST  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title D  
Name GIANGRANTE, CHERYL  
Address 8878 STATE ROAD 70 EAST  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** CHERYL A GIANGRANTE

**PRESIDENT**

**01/16/2020**

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

\_\_\_\_\_  
Date