

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000049364

**Entity Name:** POOLS CLINIC CORP

**Current Principal Place of Business:**

501 N OCEAN BLVD  
UNIT 1  
BOCA RATON, FL 33432

**Current Mailing Address:**

501 N OCEAN BLVD  
UNIT 1  
BOCA RATON, FL 33432 US

**FEI Number:** 47-1061312

**Certificate of Status Desired:** No

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

OLIVEIRA, LEONARDO C  
501 N OCEAN BLVD  
UNIT 1  
BOCA RATON, FL 33432 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:** LEONARDO C OLIVEIRA

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name OLIVEIRA, LEONARDO C  
Address 501 N OCEAN BLVD UNIT 1  
City-State-Zip: BOCA RATON FL 33432

Title VP  
Name ZANOTTI, ELIZANDRA  
Address 501 N OCEAN BLVD UNIT 1  
City-State-Zip: BOCA RATON FL 33432

*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:** LEONARDO COSTA DE OLIVEIRA

P

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date