

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000077457

**Entity Name:** BRAIN BODY FIT MD, P.A.

**Current Principal Place of Business:**

600 MARKET STREET  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

600 MARKET STREET  
ST. AUGUSTINE, FL 32095 US

**FEI Number:** 47-1878095

**Certificate of Status Desired:** No

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

TORO, DEBORAH L  
600 MARKET STREET  
ST. AUGUSTINE, FL 32095 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 P  
Name TORO, FELIX R  
Address 600 MARKET STREET  
City-State-Zip: ST. AUGUSTINE FL 32095

Title VP  
Name TORO, DEBORAH L  
Address 600 MARKET STREET  
City-State-Zip: ST. AUGUSTINE FL 32095

Title SEC  
Name TORO, DEBORAH L  
Address 600 MARKET STREET  
City-State-Zip: ST. AUGUSTINE FL 32095

Title TREA  
Name TORO, FELIX R  
Address 600 MARKET STREET  
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIR  
Name TORO, FELIX R  
Address 600 MARKET STREET  
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIR  
Name TORO, DEBORAH L  
Address 600 MARKET STREET  
City-State-Zip: ST. AUGUSTINE FL 32095

*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:** DEBORAH TORO

VP

04/18/2015

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

\_\_\_\_\_  
Date