

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000031401

**Entity Name:** ANTIAGING DREAM P.A.

**Current Principal Place of Business:**

3175 S. CONGRESS AVENUE, #204  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

3175 S. CONGRESS AVENUE, #204  
PALM SPRINGS, FL 33461

**FEI Number:** 81-2186234

**Certificate of Status Desired:** No

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

ARNOFF, NATALIE  
3175 S. CONGRESS AVENUE, #204  
PALM SPRINGS, FL 33461 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            PRES  
Name            ARNOFF, NATALIE  
Address        3175 S. CONGRESS AVENUE, #204  
City-State-Zip: PALM SPRINGS FL 33461

*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:** NATALIE ARNOFF

**PRESIDENT**

**03/11/2017**

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

\_\_\_\_\_  
Date