

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P19000074437

Entity Name: GLUTALITY PROVIDER GROUP, P.A.

Current Principal Place of Business:

6800 BROKEN SOUND PKWY NW
SUITE 150A
BOCA RATON, FL 33487

Current Mailing Address:

6800 BROKEN SOUND PARKWAY NW
SUITE 150A
BOCA RATON, FL 33487 US

FEI Number: 85-0703904

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT
Name MITCHELL , MARK A DR.
Address 1860 NW 2ND AVENUE
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: MARK MITCHELL

OWNER

08/18/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date