

**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: Yes**

**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        6800 BROKEN SOUND PKWY NW  
                  SUITE 150A  
City-State-Zip: BOCA RATON FL 33487

*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**

**11/19/2020**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date