

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091440

Entity Name: HALLANDALE HEALTH SPA AND CLINIC, INC.

Current Principal Place of Business:

1224 HERITAGE ACRES BLVD
ROCKLEDGE, FL 32955

Current Mailing Address:

1224 HERITAGE ACRES BLVD
ROCKLEDGE, FL 32955 US

FEI Number: 45-4595318

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, ALBA L
1224 HERITAGE ACRES BLVD
ROCKLEDGE, FL 32955 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 DPST
Name PEREZ, ALBA L
Address 1224 HERITAGE ACRES BLVD
City-State-Zip: ROCKLEDGE FL 32955

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: ALBA L PEREZ

DPST

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date