

**2015 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

**PRESIDENT**

**02/27/2015**

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

\_\_\_\_\_  
Date