

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000091440

**Entity Name:** HALLANDALE HEALTH SPA AND CLINIC, INC.

**Current Principal Place of Business:**

4300 N UNIVERSITY DR  
BLDG B OFFICE 100  
LAUDERHILL, FL 33351

**Current Mailing Address:**

2431 N. 59TH TERRACE  
HOLLYWOOD, FL 33021 US

**FEI Number:** 45-4595318

**Certificate of Status Desired:** No

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

PEREZ, ALBA L  
2431 N. 59TH TERRACE  
HOLLYWOOD, FL 33021 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 2431 N. 59TH TERRACE  
City-State-Zip: HOLLYWOOD FL 33021

*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 PEREZ

DPST

04/02/2024

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

\_\_\_\_\_  
Date