2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

02-16-2005 90034 015 ***150.00 DOCUMENT # P04000106888 AGELESS MEDICAL SPA. INC. Principal Place of Business Mailing Address 66008907 6400 W. NEWBERRY ROAD 6400 W. NEWBERRY ROAD **STE 109 STE 109** GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01072005 Cho-P CR2E034 (10/03) City & State Applied For City & State Not Applicable Zιυ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent AKEY, TIMOTHY P Street Address (P.O. Box Number is Not Acceptable) 8108 SW 10TH PLACE GAINESVILLE, FL 32607 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THILE P.D ☐ Delete TITLE Change Addition AKEY, ANGELI M NAME STREET ADDRESS 8108 SW 10TH PLACE STREET ADDRESS GAINESVILLE, FL 32607 CITY-ST-ZIP CITY-ST-ZIP VP D HILE Delete TITLE ☐ Addition Change AKEY, TIMOTHY P NAME NAME STREET ADDRESS 8108 SW 10TH PLACE STREET ADDRESS GAINESVILLE, FL 32607 CITY ST ZIP CITY-ST-ZIP TITLE Delete TULE ☐ Change Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY+ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, i further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 10

FILED

Apr 07, 2005 8:00 am Secretary of State

ATTACHMENT

PART ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER'S SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES & & PAPER WITH MICROPRINTED BORDER'S SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES &

From:

Body Mind & Sole dba Ageless Medical Spa 6400 West Newberry Road, Suite 109 Gainesville, FL 32605

(do008907

Date:

01/29/05

Check Number:

1019

Amount:

150.00

Memo:

Agelss Medical Spa, Inc #P04000106888

BODY, MIND & SOLE, INC.

D/B/A AGELESS MEDICAL SPA 6400 W. NEWBERRY ROAD, SUITE 109 GAINESVILLE, FLORIDA 32605



NUMBER

63-1454/631

DATE

AMOUNT

01/29/05

150.00

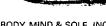
PAY TO THE ORDER OF

One Hundred Fifty And 00/100 Dollars**

Florida Dept of State

Division of Corporations, PO Box 1500

Tallahassee, FL 32302-1500



BODY, MIND & SOLE, INC.

1019

To:

Florida Dept of State

Division of Corporations, PO Box 1500

Tallahassee, FL 32302-1500

Date:

01/29/05

Check Number: 1019

Amount:

150.00

Memo:

Agelss Medical Spa, Inc #P04000106888

Year to Date Paid:

150.00