

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106770

Entity Name: GAINESVILLE MED SPA P.A.

FILED
Jul 31, 2006
Secretary of State

Current Principal Place of Business:

4750 NW 31ST AVE
GAINESVILLE, FL 32616

New Principal Place of Business:

4750 NW 31ST AVE
GAINESVILLE, FL 32606

Current Mailing Address:

4750 NW 31ST AVE
GAINESVILLE, FL 32616

New Mailing Address:

4715 NW 31 AVENUE
GAINESVILLE, FL 32606

FEI Number: 20-3436130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYNE, JOHN F JR
5637 BLUE SHADOW CT
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

BYNE, JOHN F JR
4715 NW 31 AVENUE
GAINESVILLE, FL 32606 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: JOHN F BYRNE JR.

07/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYRNE, JOHN F JR
Address: 5637 BLUE SHADOWS CT
City-St-Zip: ORLANDO, FL 32811

Title: VP () Delete
Name: LEONE, ANGELA
Address: 5637 BLUE SHADOWS CT
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: LEONE, SOPHIA
Address: 4750 NW 31ST AVE
City-St-Zip: GAINESVILLE, FL 32616

Title: T () Delete
Name: LEONE, SAVERIO
Address: 4750 NW 31ST AVE
City-St-Zip: GAINESVILLE, FL 32616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BYRNE, JOHN F JR
Address: 4715 NW 31 AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: VP (X) Change () Addition
Name: LEONE, ANGELA
Address: 4715 NW 31 AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: S (X) Change () Addition
Name: LEONE, SOPHIA
Address: 4750 NW 31ST AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: T (X) Change () Addition
Name: BYRNE, GLORIA
Address: 2445 RAVENSWOOD DRIVE
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN F BYRNE JR.

P

07/31/2006

Electronic Signature of Signing Officer or Director

Date