

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106770

Entity Name: GAINESVILLE MED SPA P.A.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

4750 N.W. 31ST AVENUE
GAINESVILLE, FL 32606

New Principal Place of Business:

4715 N.W. 31ST AVENUE
GAINESVILLE, FL 32606

Current Mailing Address:

4750 N.W. 31ST AVENUE
GAINESVILLE, FL 32606

New Mailing Address:

4715 N.W. 31ST 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:

LEONE, ANGELA
4715 NW 31ST AVENUE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LEONE, ANGELA
Address: 4750 N.W. 31ST AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Delete
Name: LEONE, SOPHIE
Address: 4750 N.W. 31ST AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: LEONE, SAVERIO
Address: 4750 N.W. 31ST AVENUE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LEONE, ANGELA
Address: 4715 N.W. 31ST AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: S (X) Change () Addition
Name: LEONE, SOPHIE
Address: 4750 N.W. 31ST AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: T (X) Change () Addition
Name: LEONE, SAVERIO
Address: 4750 N.W. 31ST AVENUE
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify 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: ANGELA LEONE

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date