

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106770

FILED
Feb 18, 2010
Secretary of State

Entity Name: GAINESVILLE MED SPA P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: LEONE, ANGELA
Address: 4715 N.W. 31ST AVENUE
City-St-Zip: GAINESVILLE, FL 32606

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

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

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: ANGELA LEONE

DR.

02/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date