

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132339

FILED
Jul 11, 2007
Secretary of State

Entity Name: AVISA MEDICAL CLINIC & SPA INC

Current Principal Place of Business:

3027 59TH STREET
SARASOTA, FL 34243

New Principal Place of Business:

2100 PROCTOR ROAD
SARASOTA, FL 34231

Current Mailing Address:

3027 59TH STREET
SARASOTA, FL 34243

New Mailing Address:

2100 PROCTOR ROAD
SARASOTA, FL 34231

FEI Number: 20-5647438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDO, MANELLE
3027 59TH STREET
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

FERNANDO, MANELLE
2100 PROCTOR ROAD
SARASOTA, FL 34231 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: MANELLE N FERNANDO

07/11/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERNANDO, MANELLE
Address: 3027 59TH STREET
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: WEERASURIYA, ASANK
Address: 3027 59TH STREET
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: FERNANDO, MANELLE
Address: 3027 59TH STREET
City-St-Zip: SARASOTA, FL 34243

Title: DIR (X) Change () Addition
Name: WEERASURIYA, ASANK
Address: 3027 59TH STREET
City-St-Zip: SARASOTA, FL 34243

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: ASANKA K WERRASURIYA

DIR'

07/11/2007

Electronic Signature of Signing Officer or Director

Date