

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132339

FILED
Jan 04, 2008
Secretary of State

Entity Name: AVISA MEDICAL CLINIC & SPA INC

Current Principal Place of Business:

2100 PROCTOR ROAD
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2100 PROCTOR ROAD
SARASOTA, FL 34231

New Mailing Address:

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
2100 PROCTOR ROAD
SARASOTA, FL 34231 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: MD () Delete
Name: FERNANDO, MANELLE
Address: 3027 59TH STREET
City-St-Zip: SARASOTA, FL 34243

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 WEERASURIYA

DIR

01/04/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date