

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007001

Entity Name: AVENUES MEDI SPA, INC.

FILED  
Jan 21, 2012  
Secretary of State

**Current Principal Place of Business:**

10175 FORTUNE PARKWAY, STE 801  
JACKSONVILLE, FL 32256

**New Principal Place of Business:****Current Mailing Address:**

10175 FORTUNE PARKWAY, STE 801  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 20-8441146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OTEYZA, CARLOS A  
6144 GAZEBO PARK PLACE SOUTH  
SUITE 101  
JACKSONVILLE, FL 32257 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OTEYZA, ARIS S  
Address: 10175 FORTUNE PARKWAY, STE 801  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD  
Name: OTEYZA, STEVE A  
Address: 10175 FORTUNE PARKWAY, STE 801  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD  
Name: OTEYZA, CARLOS  
Address: 10175 FORTUNE PARKWAY, STE 801  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD  
Name: OTEYZA, STEPHANIE M  
Address: 10175 FORTUNE PARKWAY, STE 801  
City-St-Zip: JACKSONVILLE, FL 32256

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: CARLOS A OTEYZA

TD

01/21/2012

Electronic Signature of Signing Officer or Director

Date