

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000010122

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** CLOUD NINE MEDICAL SPA AND MORE, INC

**Current Principal Place of Business:**

1506 54TH AVE N  
3  
ST PETERSBURG, FL 33703 US

**New Principal Place of Business:**

3183 4TH. ST. N.  
ST PETERSBURG, FL 33704 US

**Current Mailing Address:**

1506 54TH AVE N  
SUITE #3  
ST PETERSBURG, FL 33703 US

**New Mailing Address:**

3183 4TH. ST. N.  
ST PETERSBURG, FL 33704 US

**FEI Number:** 27-1817913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOEL, PATRICIA A  
1506 54TH AVE N  
SUITE #3  
ST PETERSBURG, FL 33703 US

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

HOEL, PATRICIA A  
3183 4TH. ST. N.  
ST PETERSBURG, FL 33704 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: PATRICIA A. HOEL

02/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HOEL, PATRICIA A  
Address: 637 QUINTANA PLACE N.E.  
City-St-Zip: ST PETERSBURG, FL 33703 US

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: PATRICIA A. HOEL

PRES

02/21/2012

Electronic Signature of Signing Officer or Director

Date