

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000063097

Entity Name: PALM HARBOR MEDI SPA INC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2595 TAMPA RD  
STE N  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

2595 TAMPA RD  
STE N  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 27-3173126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, AMAR  
2595 TAMPA RD  
STE N  
PALM HARBOR, FL 34684 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: PRES  
Name: PATEL, AMAR  
Address: 2595 TAMPA RD STE N  
City-St-Zip: PALM HARBOR, FL 34684

Title: VP  
Name: RAMCHARRAN, SADHANA  
Address: 2595 TAMPA RD STE P  
City-St-Zip: PALM HARBOR, FL 34684

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: AMAR PATEL

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date