

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106770

Entity Name: GAINESVILLE MED SPA P.A.

Current Principal Place of Business:

7003 NW 11TH PLACE
SUITE #5
GAINESVILLE, FL 32605

Current Mailing Address:

4715 N.W. 31ST AVENUE
GAINESVILLE, FL 32606

FEI Number: 20-3436130

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEONE, ANGELA
4715 NW 31ST AVENUE
GAINESVILLE, FL 32606 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name LEONE, ANGELA
Address 4715 N.W. 31ST AVENUE
City-State-Zip: GAINESVILLE FL 32606

Title S
Name LEONE, SOPHIE
Address 4750 N.W. 31ST AVENUE
City-State-Zip: GAINESVILLE FL 32606

Title T
Name LEONE, SAVERIO
Address 4750 N.W. 31ST AVENUE
City-State-Zip: GAINESVILLE FL 32606

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: ANGELA LEONE

PRES

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date