

**2023 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

04/11/2023

Electronic Signature of Signing Officer/Director Detail

Date