

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000092701

**Entity Name:** GAINESVILLE HOLISTIC HEALTHCARE, INC.

**Current Principal Place of Business:**

3601 SW 2ND AVE.  
STE. C  
GAINESVILLE, FL 32607

**Current Mailing Address:**

3601 SW 2ND AVE.  
STE. C  
GAINESVILLE, FL 32607 US

**FEI Number:** 46-4109641

**Certificate of Status Desired:** No

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

PETTIGREW, TRACI  
230 SE 73RD TER  
GAINESVILLE, FL 32641 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 P  
Name PETTIGREW, TRACI  
Address 3601 SW 2ND AVE., STE. C  
City-State-Zip: GAINESVILLE FL 32607

*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:** TRACI PETTIGREW

**PRESIDENT**

**03/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date