

2017 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

03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date