

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000002139

**Entity Name:** H20MEDICAL SPA, INC

**Current Principal Place of Business:**

5411 GRAND BLVD SUITE 107  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5411 GRAND BLVD SUITE 107  
NEW PORT RICHEY, FL 34652

**FEI Number:** 20-8219715

**Certificate of Status Desired:** No

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

SCHLYER, ARTHUR M  
5411 GRAND BLVD SUITE 107  
NEW PORT RICHEY, FL 34652 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:** ARTHUR M SCHLYER

04/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SCHLYER, ARTHUR M  
Address 5411 GRAND BLVD SUITE 107  
City-State-Zip: NEW PORT RICHEY FL 34652

Title S  
Name WOODWORTH, MARY  
Address 3800 N HALSTEAD  
City-State-Zip: HUTCHINSON KS 67502

*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:** ARTHUR SCHLYER MD

**DIRECTOR**

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date