

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000040426

**Entity Name:** HEALTHWAY MEDICAL & AESTHETICS P.A.

**Current Principal Place of Business:**

6101 DR MARTIN LUTHER KINGS JR ST N  
ST N  
SAINT PETERSBURG, FL 33073

**Current Mailing Address:**

6101 DR MARTIN LUTHER KINGS JR  
ST N  
SAINT PETERSBURG, FL 33073 US

**FEI Number:** 02-0668008

**Certificate of Status Desired:** No

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

LELCHUK, IRINA  
6101 DR MARTIN LUTHER KINGS JR ST N  
SAINT PETERSBURG, FL 33073 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 PD  
Name LELCHUK, IRINA  
Address 6101 DR MARTIN LUTHER KINGS JR  
ST N  
City-State-Zip: SAINT PETERSBURG FL 33073

*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:** LELCHUK IRINA

**PRESIDENT**

**02/20/2024**

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

\_\_\_\_\_  
Date