

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082582

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

**Entity Name:** HCI HAIR RESTORATION OF TAMPA, INC.

**Current Principal Place of Business:**

607 W. MARTIN LUTHER KING BLVD, SUITE 102  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

607 W. MARTIN LUTHER KING BLVD, SUITE 102  
TAMPA, FL 33603 US

**New Mailing Address:**

FEI Number: 20-0122772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JAMES, MARK W VP  
3667 WEST WATERS AVENUE  
SUITE 1610  
TAMPA, FL 33614 US

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

JAMES, MARK W VP  
607 W. MARTIN LUTHER KING BLVD.  
SUITE 102  
TAMPA, FL 33603 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: MARK JAMES

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARBOZA, SILVIA  
Address: 415 MONTGOMERY ROAD, SUITE 145  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VPD ( ) Delete  
Name: JAMES, MARK W  
Address: 3667 WEST WATERS AVENUE, SUITE 1610  
City-St-Zip: TAMPA, FL 33614 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: JAMES, MARK W  
Address: 607 W. MARTIN LUTHER KING BLVD #102  
City-St-Zip: TAMPA, FL 33603 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK JAMES

VP

04/16/2008

Electronic Signature of Signing Officer or Director

Date