

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082582

FILED  
Apr 23, 2011  
Secretary of State

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

**Current Principal Place of Business:**

7902 W. WATERS AVE  
C  
TAMPA, FL 33615 US

**New Principal Place of Business:**

**Current Mailing Address:**

7902 W. WATERS AVE  
C  
TAMPA, FL 33615 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  
7902 W. WATERS AVE.  
C  
TAMPA, FL 33615 US

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

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

**OFFICERS AND DIRECTORS:**

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

Title: VPD  
Name: JAMES, MARK W  
Address: 7902 W. WATERS AVE. UNIT C  
City-St-Zip: TAMPA, FL 33615 US

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: MARK W JAMES

VP

04/23/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date