## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## Jan 31, 2005 08:00 AM DOCUMENT # P94000088677 **Secretary of State** 1. Entity Name SKIN CARE CENTER, P.A. Principal Place of Business Mailing Address 4799 NORTH FEDERAL HWY. 4799 NORTH FEDERAL HWY. SUITE 3 BOCA RATON FL 33431 SUITE 3 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3311080 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, VIVIAN Street Address (P.O. Box Number is Not Acceptable) 4799 NORTH FEDERAL HWY. SUITE 3 **BOCA RATON FL 33431** Zıp Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE -Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Change TITLE Addition Delete U00000207324 HERNANDEZ, VIVIAN NAME 02/01/05-80040-025 150.00 STREET ADDRESS 4799 N. FED. HWY., STE. 3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CHY-ST-7IP mi ☐ Delete THEF Change Addition: MAME NAME STREET ADDRESS STREET ADDRECS CITY-ST-ZIP CITY ST-ZIP HILE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete THE Change ☐ Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HHE ☐ Change Addition HILL ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an addicess, mithall other like empowered.

**FILED** 

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Daytime Phone #