

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000042251

Entity Name: STEINER RESORT SPAS (NORTH CAROLINA), INC.**Current Principal Place of Business:**770 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146**Current Mailing Address:**770 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146**FEI Number:** 38-3816287**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** MAUREEN CATHELL

06/27/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FLUXMAN, LEONARD I.
Address 770 SOUTH DIXIE HIGHWAY, SUITE
 200
City-State-Zip: CORAL GABLES FL 33146

Title SECRETARY, DIRECTOR
Name BOEHM, ROBERT C
Address 770 SOUTH DIXIE HIGHWAY, SUITE
 200
City-State-Zip: CORAL GABLES FL 33146

Title ASSISTANT SECRETARY
Name FYODOROVA, INGA A
Address 770 SOUTH DIXIE HIGHWAY, SUITE
 200
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VICE PRESIDENT,
 DIRECTOR
Name LAZARUS, STEPHEN
Address 770 SOUTH DIXIE HIGHWAY, SUITE
 200
City-State-Zip: CORAL GABLES FL 33146

Title VICE PRESIDENT - FINANCE
Name ROBERT, LAZAR
Address 770 SOUTH DIXIE HIGHWAY, SUITE
 200
City-State-Zip: CORAL GABLES FL 33146

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: ROBERT C. BOEHM**SECRETARY**

06/27/2014

Electronic Signature of Signing Officer/Director Detail

Date