

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000024527

Entity Name: MEDICAL DEVICE STYLING CONCEPTS, INC.**Current Principal Place of Business:**9480 SOUTH MILITARY TRAIL, #4D
BOYNTON BEACH, FL 33436**Current Mailing Address:**9480 SOUTH MILITARY TRAIL, #4D
BOYNTON BEACH, FL 33436 US**FEI Number:** 47-3390420**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COWITT, STUART S
2439 CENTERGATE DRIVE
UNIT 204
MIRAMAR, FL 33025 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	D, PRESIDENT
Name	HUTCHINSON, DOUGLAS C
Address	9480 SOUTH MILITARY TRAIL, #4D
City-State-Zip:	BOYNTON BEACH FL 33436

Title	D, SECRETARY
Name	COWITT, STUART S
Address	2439 CENTERGATE DRIVE UNIT 204
City-State-Zip:	MIRAMAR FL 33025

Title	D
Name	HUTCHINSON, ERICA
Address	9480 SOUTH MILITARY TRAIL, #4D
City-State-Zip:	BOYNTON BEACH FL 33436

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: STUART S. COWITT**SECRETARY****03/25/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date