

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000007319

**Entity Name:** M. WESTON NON-SURGICAL HAIR RESTORATION, INC.

**Current Principal Place of Business:**

5350 GULF OF MEXICO DR., BOX A-6  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

5350 GULF OF MEXICO DR., BOX A-6  
LONGBOAT KEY, FL 34228 US

**FEI Number:** 91-5149645

**Certificate of Status Desired:** No

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

WESTON, MARK A  
5350 GULF OF MEXICO DR., BOX A-6  
LONGBOAT KEY, FL 34228 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	P	Title	VP
Name	WESTON, MARK A	Name	HARTVIGSEN, GALE
Address	5350 GULF OF MEXICO DR., BOX A-6	Address	5350 GULF OF MEXICO DR., BOX A-6
City-State-Zip:	LONGBOAT KEY FL 34228	City-State-Zip:	LONGBOAT KEY FL 34228

*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 A. WESTON

**OWNER**

**01/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date