

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092615

Entity Name: HAIR TRANSPLANT INSTITUTE OF MIAMI, INC.

Current Principal Place of Business:

4425 PONCE DE LEON BLVD.
STE. 230
CORAL GABLES, FL 33146

Current Mailing Address:

4425 PONCE DE LEON BLVD.
STE. 230
CORAL GABLES, FL 33146

FEI Number: 65-0842008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NUSBAUM, BERNARD PM.D,P.A
4425 PONCE DE LEON BLVD SUITE 230
CORAL GABLES, FL 33146 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
Name NUSBAUM, BERNARD PM.D.
Address 4425 PONCE DE LEON BLVD STE 230
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: BERNARD P. NUSBAUM

PRESIDENT

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date