2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 15, 2012
Secretary of State

DOCUMENT# 696668

Entity Name: COASTAL COSMETIC CENTER, P.A.

Current Principal Place of Business:

4147 SOUTHPOINT DR E
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4147 SOUTHPOINT DR E
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-2117160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FEE, TIMOTHY E M.D.
4147 SOUTHPOINT DR E
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PS
Name: FEE, TIMOTHY E M.D.
Address: 4147 SOUTHPOINT DR E
City-St-Zip: JACKSONVILLE, FL 32216

Title: SEC
Name: WALLACE, WILLIAM A M.D.
Address: 4147 SOUTHPOINT DR E
City-St-Zip: JACKSONVILLE, FL 32216

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: WILLIAM A. WALLACE, M.D. SEC 05/15/2012

Electronic Signature of Signing Officer or Director — Date