2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2010
Secretary of State

DOCUMENT# F07000004291

Entity Name: MEDICAL HAIR RESTORATION, INC.

Current Principal Place of Business:

2600 LAKE LUCIEN DRIVE, SUITE 180
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2600 LAKE LUCIEN DRIVE, SUITE 180
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 26-0700429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, RANDALL M PRESIDE
2600 LAKE LUCIEN DRIVE, SUITE 180
MAITLAND, FL 32751 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES
Name: MILLER, RANDALL M
Address: 2600 LAKE LUCIEN DRIVE, SUITE 180
City-St-Zip: MAITLAND, FL 32751

Title: PRES
Name: MILLER, RANDALL M
Address: 2600 LAKE LUCIEN DRIVE, SUITE 180
City-St-Zip: MAITLAND, FL 32751

Title: VP
Name: HAYDEN, STACEY
Address: 2600 LAKE LUCIEN DRIVE, SUITE 180
City-St-Zip: MAITLAND, FL 32751

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: STACEY HAYDEN VP 01/04/2010

Electronic Signature of Signing Officer or Director Date