

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F09000004476

**FILED**  
**Jul 22, 2011**  
**Secretary of State**

**Entity Name:** AESTHETIC PHYSICIANS, P.C.

**Current Principal Place of Business:**

3293 HARRISON BLVD SUITE 230  
OGDEN, UT 84403

**New Principal Place of Business:**

8900 E PINNACLE PEAK RD  
SUITE E200  
SCOTTSDALE, AZ 85255

**Current Mailing Address:**

3293 HARRISON BLVD SUITE 230  
OGDEN, UT 84403

**New Mailing Address:**

8900 E PINNACLE PEAK RD  
SUITE E200  
SCOTTSDALE, AZ 85255

**FEI Number:** 26-2453337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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:** BRENNA LUTTER, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** GARRISON, THOMAS E  
**Address:** 8900 E PINNACLE PEAK RD, STE. E200  
**City-St-Zip:** SCOTTSDALE, AZ 85255

**Title:** SECY  
**Name:** KRECH, THOMAS R  
**Address:** 8900 E PINNACLE PEAK RD, STE. E200  
**City-St-Zip:** SCOTTSDALE, AZ 85255

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:** THOMAS R. KRECH

SECY

07/22/2011

Electronic Signature of Signing Officer or Director

Date