

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004476

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

8900 E PINNACLE PEAK RD  
SUITE E200  
SCOTTSDALE, AZ 85255

**New Principal Place of Business:**

**Current Mailing Address:**

8900 E PINNACLE PEAK RD  
SUITE E200  
SCOTTSDALE, AZ 85255

**New Mailing Address:**

**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  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: 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

MR.

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date