2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000001968

Entity Name: SURGICAL HAIR STAFFING INNOVATIONS LLC

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 308 S. HAMPTON AVE 308 S. HAMPTON AVE ORLANDO, FL 328036267 ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 308 S. HAMPTON AVE ORLANDO, FL 328036267 FEI Number: 52-2315304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANGER, MARK SANGER, MARK A 308 S. HÁMPTON AVE. 308 S. HÁMPTON AVE ORLANDO, FL 328036267 US ORLANDO, FL 328036267 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: MARK A. SANGER 04/30/2002 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR (X) Change () Addition () Delete LEONARD, LARRY Name: SANGER, MARK A Name: 308 S. HAMPTON AVE Address: 308 S. HAMPTON AVE Address: City-St-Zip: ORLANDO, FL 328036267 City-St-Zip: ORLANDO, FL 32803 Title: MGR () Delete Title: MGR (X) Change () Addition SANGER, MARK Name: LEONARD, LARRY L Name: Address: 308 S. HAMPTON AVE Address: 308 S. HAMPTON AVE City-St-Zip: ORLANDO, FL 328036267 City-St-Zip: ORLANDO, FL 32803 Title: () Delete Title: MGR () Change (X) Addition WILSON, HEATH A Name: Name: 308 S. HAMPTON AVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32803 Title: () Delete Title: MGR () Change (X) Addition SURGICAL HAIR STAFFI, NG INNOVATIONS, LLC Name: Name: 308 SOUTH HAMPTON AVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32803 Title: () Delete Title: () Change (X) Addition SURGICAL HAIR STAFFI, NG INNOVATIONS, LLC Name: Name: 308 SOUTH HAMPTON AVENUE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32803 Title: () Delete Title: () Change (X) Addition WILLIAMS, JOSEPH L Name: Name: Address: Address: 1633 SAINTSBURY DRIVE LAS VEGAS, NV 89144 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK A SANGER MGR 04/30/2002