

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005714

**FILED**  
**Jan 29, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN ACADEMY OF MEDICAL ESTHETIC PROFESSIONALS, INC.

**Current Principal Place of Business:**

2000 SO. ANDREWS AVE  
FT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

2000 S. ANDREWS AVENUE  
FT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 20-1088319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKER, SASHA  
508 SW 5TH AVE  
FT LAUDERDALE, FL 33315 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:** D  
**Name:** PARKER, SASHA  
**Address:** 508 SW 5TH AVE  
**City-St-Zip:** FT LAUDERDALE, FL 33315

**Title:** D  
**Name:** POLEMENI, RICHARD  
**Address:** 508 SW 5TH AVENUE  
**City-St-Zip:** FORT LAUDERDALE, FL 33315

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SASHA PARKER

PRES

01/29/2012

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

\_\_\_\_\_  
Date