

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008540

FILED  
Feb 15, 2010  
Secretary of State

**Entity Name:** INTERNATIONAL AESTHETICS & LASER ASSOCIATION, INC.

**Current Principal Place of Business:**

4830 W. KENNEDY BOULEVARD  
SUITE 440  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4830 W. KENNEDY BOULEVARD  
SUITE 440  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 26-3346606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STROTHMAN, NICOLE  
4830 W. KENNEDY BOULEVARD  
SUITE 440  
TAMPA, FL 33609 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: P  
Name: PIECUCH, KEVIN  
Address: 24555 HALLWOOD CT.  
City-St-Zip: FARMINGTON HILLS, MI 48355 US

Title: VP  
Name: PITT, JOE  
Address: 10710 SIKES PLACE, SUITE 120  
City-St-Zip: CHARLOTTE, NC 28277 US

Title: SEC  
Name: ROBERTSON, LORNE  
Address: S116 SPADINA AVENUE, SUITE 100  
City-St-Zip: TORONTO, ON M5V2K6 CA

Title: TRES  
Name: STROTHMAN, NICOLE  
Address: 4830 W. KENNEDY BOULEVARD, SUITE 440  
City-St-Zip: TAMPA, FL 33609 US

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: NICOLE STROTHMAN

TRES

02/15/2010

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

\_\_\_\_\_  
Date