2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# P01000034015

Entity Name: NEW IMAGE CLINIQUE, INC.

Current Principal Place of Business:

7292 FOURTH STREET NORTH
SUITE B
ST. PETERSBURG, FL 33702

New Principal Place of Business:

7292 FOURTH STREET NORTH
SUITE B
ST. PETERSBURG, FL 33702 UN

Current Mailing Address:

107 WINDWARD ISLAND
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 91-2141713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKSHEAR, WILLIAM M
107 WINDWARD ISLAND
CLEARWATER, FL 33767 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/D
Name: BLACKSHEAR JR., WILLIAM M MD
Address: 107 WINDWARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: D
Name: BEHR, TONI T
Address: 318 BUTTONWOOD LN
City-St-Zip: LARGO, FL 33770

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: WILLIAM M. BLACKSHEAR, JR., M.D. P/D 01/05/2012

Electronic Signature of Signing Officer or Director Date