2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2004 8:00 am Secretary of State

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DOCUMENT # P03000039899 1. Entity Name NEXT GENERATION HAIR RESTORATION CLINIC, INC.						02-12-2004 9	_		
Principal Place of Business Mailing Address						4 4 0 4 4			
						44011	JU8		
3420 W. KENNEDY BLVD. 3420 W. KENNEDY BLVD.			SLVD.		1				
TAMPA, FL 33609 TAMPA, FL 33609									
							FEIGR (1918 (rası il išai
Principal Place of Business 3. Mailing Address									
						25,20 05(1) 22 00			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02052004	Chg-P	CDate	034 (10/03)	
					02032004	Olig-1	OFIZE	~~(10/00)	
City & State City & State			,		4. FEI Numbe	er		Ap	plied For
						56-2364	1 /4 /8	No	Applicable
Zip Country		Zip Cour		trv				\$8.75 Add	
				,	5. Certificate	of Status Desired		Fee Required	
	6. Name and Address of Currer	nt Registered Agent		 	7. Name and	Address of New F	tagisterari		·
	4. Manie 1110 Madiego er Galler	in regional Agent		Name	11 110/10	A421000 01 110W 1	109.00100	-gon	
MORLEN, ROY 3420 W. KENNEDY BLVD.									
				Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33609									
170411 7, 11	L 55055								
•							_,		
				City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registere					internal penns as be	th is the Ctate of FI		familia- with	
	named entity submits this statement ions of registered agent.	for the purpose of changing	its register	ed office or regi	istered agent, or bo	in, in the State of Fi	onda. Iam	ramiliar with,	and accept
(ic congar	ions or registered agent,								
SIGNATURE.									
0.0	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registere	d Agent signature rec	quired when reinstating)		DATE		
				·····			,	··	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5									
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.					Added to Fees				***
10.	,	D DIRECTORS	. 11.		ADDITIONS,	CHANGES TO OFF	ICERS AN	DIRECTORS	3 IN 11
TITLE	P	☐ Defete	TITL	E				Change	Addition
NAME	MORLEN, ROY		NAM	E (
STREET ADDRESS	3420 W. KENNEDY BLVD.		STRE	ET ADORESS					
CITY-ST-ZIP	TAMPA, FL 33609		CITY	-ST-ZIP					
TITLE	ST	☐ Delete	TITL		······································			Change	Addition
NAME	GRANTHAM, WILLIAM B	L Desette	NAM	- i				TH Custige	CT WORKIN
STREET ADDRESS	3420 W. KENNEDY BLVD.			ET ADORESS					
				1					
CITY-ST-ZIP	TAMPA, FL 33609	***************************************	UIT	-ST-ZIP			·		
TITLE	0 - 0 3	- Delete	. TITL	E				☐ Change	Addition
NAME			. NAM	E [~			
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL	E				☐ Change	Addition
NAME .		CONTRACTOR OF THE PARTY OF THE	NAM	i					
STREET ADDRESS	}			EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
	}				**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	M A Paris -
TITLE		Delete	TITL					☐ Change	☐ Addition
NAME			, NAM	1					
STREET ADDRESS			4	ET ADDRESS		•			•
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE .		Delete	TITL	E	7-			☐ Change	☐ Addition
NAME .			, NAN	E 1	•				
STREET ADDRESS	•		r. Stri	EET ADDRESS	•				
	,			-ST-7/P					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment/with an address, without other like empowered.

SIGNATURE: ..

GNATURE (NUTYPED OR PRINTED NAME OF SIGNENG OFFICER OR DIRECTOR

9-6-04 813876424

Date Destructions!