

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000082582

1. Entity Name
HCI HAIR RESTORATION OF TAMPA, INC.



Principal Place of Business
3667 WEST WATERS AVENUE
SUITE 1610
TAMPA, FL 33614 US

Mailing Address
3667 WEST WATERS AVENUE
SUITE 1610
TAMPA, FL 33614 US



04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0122772

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, MARK W VP
3667 WEST WATERS AVENUE
SUITE 1610
TAMPA, FL 33614

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARBOZA, SILVIA 415 MONTGOMERY ROAD, SUITE 145 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JAMES, MARK W 3667 WEST WATERS AVENUE, SUITE 1610 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000521215
05/02/06-80126-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-06 813-930-9312