

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071512

Entity Name: SKIN & NAIL CARE CLINIC, INC.

FILED
Apr 29, 2010
Secretary of State

Current Principal Place of Business:

ANGEL TOMES
8707 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982

New Principal Place of Business:

DEBRA TOMES
8707 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982

Current Mailing Address:

ANGEL TOMES
8707 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982

New Mailing Address:

DEBRA TOMES
8707 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982

FEI Number: 20-1071704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMES, ANGEL
8707 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

TOMES, DEBRA
8707 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982 US

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: DEBRA TOMES

04/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: TOMES, DEBRA
Address: 8707 S. INDIAN RIVER DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: P
Name: TOMES, DEBRA
Address: 8707 S. INDIAN RIVER DR.
City-St-Zip: FORT PIERCE, FL 34982

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: DEBRA TOMES

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date