

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000083935

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED LASER HAIR REMOVAL CENTER, INC.

**Current Principal Place of Business:**

1920 SW 20TH PL STE 201  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

1920 SW 20TH PL STE 201  
OCALA, FL 34474 US

**New Mailing Address:**

**FEI Number:** 75-3156620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOELFEL, VANESSA L  
1920 SW 20TH PLACE STE 201  
OCALA, FL 34474 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: WOELFEL, VANESSA L  
Address: 1920 SW 20TH PLACE STE 201  
City-St-Zip: Ocala, FL 34474 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VANESSA WOELFEL

P

04/28/2011

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

\_\_\_\_\_  
Date