

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087693

FILED
Mar 09, 2005
Secretary of State

Entity Name: COMPLEXIONS MEDICAL SKIN SPA, INC.

Current Principal Place of Business:

1857 MISSION DRIVE
NAPLES, FL 341097103

New Principal Place of Business:

5490 BRYSON DRIVE
SUITE 202
NAPLES, FL 34109

Current Mailing Address:

1857 MISSION DRIVE
NAPLES, FL 341097103

New Mailing Address:

5490 BRYSON DRIVE
SUITE 202
NAPLES, FL 34109

FEI Number: 76-0760453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOZZA, BRIAN W MD
1857 MISSION DRIVE
NAPLES, FL 341097103 US

Name and Address of New Registered Agent:

BOZZA, BRIAN W MD
5490 BRYSON DRIVE
SUITE 202
NAPLES, FL 34109 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: _____

03/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOZZA, BRIAN W M.D.
Address: 1857 MISSION DRIVE
City-St-Zip: NAPLES, FL 341097103

Title: D () Delete
Name: BOZZA, CYNTHIA M R.N.
Address: 1857 MISSION DRIVE
City-St-Zip: NAPLES, FL 341097103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: BOZZA, BRIAN W M.D.
Address: 1857 MISSION DRIVE
City-St-Zip: NAPLES, FL 341097103

Title: D (X) Change () Addition
Name: BOZZA, CYNTHIA M R.N.
Address: 1857 MISSION DRIVE
City-St-Zip: NAPLES, FL 341097103

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN W. BOZZA, MD

DR.

03/09/2005

Electronic Signature of Signing Officer or Director

Date