
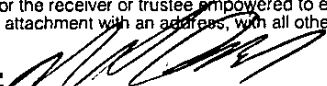


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90075 003 ***150.00

DOCUMENT # P04000117436 1. Entity Name NORTH FLORIDA HAIR RESTORATION SPECIALISTS, INC.					
Principal Place of Business 5150 BELFORT ROAD BUILDING 400 JACKSONVILLE, FL 32256 FL			Mailing Address 5150 BELFORT ROAD BUILDING 400 JACKSONVILLE, FL 32256 FL		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COHEN, NORMAN S 5150 BELFORT ROAD BUILDING 400 JACKSONVILLE, FL 32256				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P COHEN, NORMAN S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, NORMAN S		NAME		
STREET ADDRESS	5150 BELFORT ROAD, BUILDING 400		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONARD, LARRY L JR		NAME		
STREET ADDRESS	8 DOLPHIN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, NORMAN S		NAME		
STREET ADDRESS	5150 BELFORT ROAD, BUILDING 400		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, NORMAN S		NAME		
STREET ADDRESS	5150 BELFORT ROAD, BUILDING 400		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, with all other like empowered.					
SIGNATURE: 			Norman S. Cohen		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 12-28-05 (904) 296-0900		

20017631



01262005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1483232** Applied For ☐ Not Applicable ☐

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