2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2012
Secretary of State

DOCUMENT# P05000090140

Entity Name: BEACHES MEDICAL SPA & LASER CENTER, INC.

Current Principal Place of Business:

1545 S. 14TH STREET
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

1545 S. 14TH STREET
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 20-3047534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIMAS, STACI
1545 S. 14TH STREET
FERNANDINA BEACH, FL 32034 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, D
Name: TRIMAS, STACI
Address: 1545 S. 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VP,D
Name: WHITESELL, JOHN
Address: 1545 S. 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D
Name: WHITESELL, EUGENIE
Address: 1545 S. 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D
Name: TRIMAS, SCOTT
Address: 1545 S. 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D
Name: EVANS, HARWOOD J
Address: 1545 S. 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

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: STACI TRIMAS PS 01/11/2012

Electronic Signature of Signing Officer or Director Date