

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000146788

**Entity Name:** CLINI-DERME ESTHETICS, INC.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6015 HWY 40 WEST  
YANKEETOWN, FL 34498

**New Principal Place of Business:**

**Current Mailing Address:**

6115 RIVERSIDE DRIVE  
YANKEETOWN, FL 34498

**New Mailing Address:**

**FEI Number:** 22-3917784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEFILES, LYNNE P MS.  
6115 RIVERSIDE DRIVE  
YANKEETOWN, FL 34498 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: DPT  
Name: LEFILES, LYNNE P MS.  
Address: 6115 RIVERSIDE DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

Title: DVS  
Name: LEFILES, RICHARD A  
Address: 6115 RIVERSIDE DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

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: LYNNE PAGANELLI LEFILES

DPT

04/30/2011

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

\_\_\_\_\_  
Date