

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045185

FILED
Jan 09, 2012
Secretary of State

Entity Name: SKIN THERAPY OF NORTH FLORIDA, INC.

Current Principal Place of Business:

1989 CAPITAL CIRCLE NE
SUITE 6
TALLAHASSEE, FL 32308

New Principal Place of Business:

1989 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 1623
TUPELO, MS 38802

New Mailing Address:

PO BOX 1049
CRAWFORDVILLE, FL 32326

FEI Number: 20-4679123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, LAURALEE
1989 CAPITAL CIRCLE NE
SUITE 6
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MOORE, LAURALEE
1989 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE, FL 32308 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:

01/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: REESE, SHERRY
Address: PO BOX 1049
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: VP
Name: MOORE, LAURALEE
Address: 1989 CAPITAL CIRCLE NE SUITE 2
City-St-Zip: TALLAHASSEE, FL 32308

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: SHERRY REESE

P

01/09/2012

Electronic Signature of Signing Officer or Director

Date