FILED
Apr 02, 2007 8:00 am
Secretary of State
03-15-2007 90027 046 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000061781

1. Entity Name
FLORIDA HAIR IMPLANTATION SERVICES, INC.

Principal Place of Business	Mailing Address
5150 BELFORT ROAD BUILDING 400 JACKSONVILLE, FL 32256 US	5150 BELFORT ROAD BUILDING 400 JACKSONVILLE, FL 32256 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
176 Lewis Street	176 Lewis Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Edgewater, FL	City & State: Edgewater, FL
Zip: 32141 Country:	Zip: 32141 Country:

02152007 Chg-P CR2E034 (12/06)

4. FEI Numb: 20-4799142 ☐ Applied For ☐ Not Applicable

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

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 **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COHEN, NORMAN S 5150 BELFORT ROAD, BUILDING 400 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COHEN, NORMAN S 5150 BELFORT ROAD, BUILDING 400 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Cohen 3-1-07 9046996297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #