

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000066700

Entity Name: HAIR RENEW, INC.

FILED  
Mar 17, 2011  
Secretary of State

**Current Principal Place of Business:**

27730 RIVERWALK WAY  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

27730 RIVERWALK WAY  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 56-2584293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIPNIK, MORRIS J M.D.  
27730 RIVERWALK WAY  
BONITA SPRINGS, FL 34134 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  
Name: LIPNIK, MORRIS J M.D.  
Address: 27730 RIVERWALK WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP  
Name: LIPNIK, LOIS W  
Address: 27730 RIVERWALK WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S  
Name: LITTLE, KRISTEN M  
Address: 1830 GOLDEN GATE BLVD. W.  
City-St-Zip: NAPLES, FL 34120

Title: T  
Name: LIPNIK, LOIS W  
Address: 27730 RIVERWALK WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

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: MORRIS J. LIPNIK, MD

P

03/17/2011

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

\_\_\_\_\_  
Date