2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013292

Entity Name: AESTHETIC CENTER OF JACKSONVILLE, P.A.

FILED Jan 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

700 THIRD STREET SUITE 303 NEPTUNE BEACH, FL 32266

Current Mailing Address: New Mailing Address:

700 THIRD STREET SUITE 303 NEPTUNE BEACH, FL 32266

FEI Number: 20-8352043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DEROBERTS, JULIE R
739 6TH AVENUE SOUTH
JAKSONVILLE BEACH, FL 32250 US

DEROBERTS, JULIE R
3416 SILVER PALM ROAD
JACKSONVILLE BEACH, FL 32250 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: 01/11/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DE ROBERTS, DEAN MD DE ROBERTS, DEAN MD Name: Name: 739 6TH AVENUE SOUTH Address: 3416 SILVER PALM ROAD Address: City-St-Zip: JAKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEAN DEROBERTS, MD D 01/11/2009

Electronic Signature of Signing Officer or Director

Date