## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000013383

TAMPA, FL 33613

City-St-Zip:

Entity Name: FACIAL REJUVENATION, INC.

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3450 E FLETCHER AVE STE 260 3450 E FLETCHER AVE STE 260 TAMPA, FL 33613 TAMPA, FL 33613 **Current Mailing Address: New Mailing Address:** 3450 E FLETCHER AVE STE 260 TAMPA, FL 33613 FEI Number: 02-0806787 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: KLOTCH, DOUGLAS W MD 3450 E FLETCHER AVE STE 260 TAMPA, FL 33613 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KLOTCH, DOUGLAS W MD Name: Name: 3450 E FLETCHER AVE STE 260 Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: KLOTCH, HOLLY Name: 2450 E FLETCHER AVE SUITE 260 Address: Address:

City-St-Zip:

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: DOUGLAS W. KLOTCH, M.D. P 04/30/2009