

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043682

FILED
Mar 20, 2009
Secretary of State

Entity Name: COASTAL AESTHETIC CENTER, P.A.

Current Principal Place of Business:

201 N. CLYDE MORRIS BLVD.
SUITE 210
DAYTONA BEACH, FL 32114

New Principal Place of Business:

301 HEALTH PARK BLVD
SUITE 109
ST. AUGUSTINE, FL 32086

Current Mailing Address:

201 N. CLYDE MORRIS BLVD.
SUITE 210
DAYTONA BEACH, FL 32114

New Mailing Address:

301 HEALTH PARK BLVD
SUITE 109
ST. AUGUSTINE, FL 32086

FEI Number: 75-3238127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BITTINGER, ANN M
13500 SUTTON PARK DRIVE SOUTH
SUITE 201
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

VU, NGUYEN Q
301 HEALTH PARK BLVD
SUITE 109
ST. AUGUSTINE, FL 32086 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: NGUYEN VU

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: VU, ANH MD
Address: 201 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: VU, ANH MD
Address: 301 HEALTH PARK BLVD, STE 109
City-St-Zip: ST. AUGUSTINE, FL 32086

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: ANH VU

MD

03/20/2009

Electronic Signature of Signing Officer or Director

Date