## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000063264

Entity Name: HCI HAIR RESTORATION CENTER

ALTAMONTE SPRINGS, FL 32714 US

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	D LAKE ROAI	)			
SUITE 205 ORLANDO	5 D, FL 32819	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	D LAKE ROAI	)			
SUITE 205 ORLANDO	5 ), FL 32819	US			
FEI Number:	: 26-0303651	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
415 MONT SUITE 145 ALTAMON The above in the State	ITE SPRINGS named entity of Florida.	, FL 32714 US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU		nic Signature of Registered Ac	ant .	 Date	
Election Car		ng Trust Fund Contribution ( ).	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TURCOTTE, R 415 MONGON ALTAMONTE S	ERY RD. SUITE 145 SPRINGS, FL 32714 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	TURCOTTE, S	) Delete ILVIA MERY RD. SUITE 145	Title: Name: Address:	( ) Change ( ) Addition	

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: ROBBIE TURCOTTE P 03/24/2009