

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075640

FILED
May 01, 2008
Secretary of State

Entity Name: ALLURE WELLNESS CENTER, P.A.

Current Principal Place of Business:

201 NW 82ND AVE
STE 405
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

201 NW 82ND AVE
STE 405
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 26-0457868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOUGH, PAUL V
1860 N PINE ISLAND ROAD
STE 103
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

BAYRON, FERNANDO E M.D.
201 NW 82ND AVENUE
STE 405
PLANTATION, FL 33324 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: FERNANDO E BAYRON, M.D.

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAYRON, FERNANDO E MD
Address: 201 NW 82ND AVE #405
City-St-Zip: PLANTATION, FL 33324

Title: VPD () Delete
Name: DELGADO, BRENDA
Address: 201 NW 82ND AVE #405
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: FERNANDO E BAYRON, M.D.

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date