

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000078768

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** REFLECTIONS MEDICAL AESTHETICS, INC.

**Current Principal Place of Business:**

10850 ALICO PASS  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

2718 WINDGUARD CIRCLE  
102  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

10850 ALICO PASS  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 27-0936486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOVE, RANDALL  
5647 GULF DR  
NEW PORT RICHEY, FL 34652 US

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

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:**

**Title:** DP  
**Name:** KAHEN, HOWARD  
**Address:** 10850 ALICO PASS  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

**Title:** DST  
**Name:** MCMANUS, KRISTY  
**Address:** 10850 ALICO PASS  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

I hereby 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 all other like empowered.

**SIGNATURE:** HOWARD KAHEN

DP

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date