2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000053547

Entity Name: TEMPUS HAIR RESTORATION, P.A.

FILED Jan 18, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5547 S. WILLIAMSON BLVD. 5535 S. WILLIAMSON BLVD. PORT ORANGE, FL 32127

727

PORT ORANGE, FL 32128

Current Mailing Address: New Mailing Address:

5535 S. WILLIAMSON BLVD. 1331 S. INTERNATIONAL PKWY **SUITE 1251**

PORT ORANGE, FL 32128 LAKE MARY, FL 32746

FEI Number: 27-2929583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BARUSCO, MARCO N BARUSCO, MARCO N 5547 S. WILLIAMSON BLVD. 5535 S. WILLIAMSON BLVD. PORT ORANGE, FL 32127 US

PORT ORANGE, FL 32128 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: 01/18/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

MOURA, EGBERTO L Name:

5535 S. WILLIAMSON BLVD. #727 Address: City-St-Zip: PORT ORANGE, FL 32128

Title: VΡ

Name: BARUSCO, MARCO N

5535 S. WILLIAMSON BLVD. #727 Address: PORT ORANGE, FL 32128 City-St-Zip:

Title: VΡ

LOCKMAN, SYLVIA Name:

5535 S. WILLIAMSON BLVD. # 727 Address: City-St-Zip: PORT ORANGE, FL 32128

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.

VΡ SIGNATURE: MARCO N BARUSCO 01/18/2011