

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000063926

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** DR. THROWER'S SKINCARE, INC.

**Current Principal Place of Business:**

180 NE 99TH STREET  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

180 NE 99TH STREET  
MIAMI SHORES, FL 33138

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOODE, LOWELL M  
6330 SW 41 CT  
DAVIE, FL 33314 US

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

BRASS, ALAN B  
8181 W BROWARD BLVD  
SUITE 350  
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: ALAN B. BRASS, CPA

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THROWER, YOLANDA  
Address: 16875 BERKSHIRE CT  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: VP  
Name: THROWER, ANGELO P MD  
Address: 16875 BERKSHIRE CT  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

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: ANGELO P. THROWER, MD

VP

04/12/2012

Electronic Signature of Signing Officer or Director

Date