

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000083263

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED AESTHETICS SKIN CARE, INC.

**Current Principal Place of Business:**

402 N. HOWARD AVE.  
TAMPA, FL 33606 US

**New Principal Place of Business:**

3709 W. MCKAY AVE  
TAMPA, FL 33609 US

**Current Mailing Address:**

1000 PENNSYLVANIA AVE.  
LAKELAND, FL 33803 US

**New Mailing Address:**

948 S. TENNESSEE AVE  
LAKELAND, FL 33803 US

**FEI Number:** 27-3746083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINTERBOTTOM, BARBIE  
1000 PENNSYLVANIA AVE  
LAKELAND, FL 33803 US

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

WINTERBOTTOM, BARBIE  
948 S. TENNESSEE AVE  
LAKELAND, FL 33803 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: BARBIE WINTERBOTTOM

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WINTERBOTTOM, BARBIE  
Address: 948 S. TENNESSEE AVE  
City-St-Zip: LAKELAND, FL 33803 US

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: BARBIE WINTERBOTTOM

P

04/24/2012

Electronic Signature of Signing Officer or Director

Date