

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90012 045 ***150.00

DOCUMENT # P94000031738	
1. Entity Name HAIR RESTORATION SURGEONS, INC.	
Principal Place of Business 2841 EXECUTIVE DRIVE SUITE 220 CLEARWATER, FL 33762	Mailing Address 2841 EXECUTIVE DRIVE SUITE 220 CLEARWATER, FL 33762



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3238851	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent GASSMAN, ALAN 1245 COURT STREET SUITE 102 CLEARWATER, FL 34616	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, PAUL WM 2841 EXECUTIVE DRIVE, #220 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 MICHAEL PEUZYNER 2841 EXECUTIVE DRIVE CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SSC, MICHAEL PEUZYNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04
Date

727-572-4036
Daytime Phone #