

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3238851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN
1245 COURT STREET
SUITE 102
CLEARWATER, FL 34616**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEISS, PAUL WM
STREET ADDRESS 2841 EXECUTIVE DRIVE, #220
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE S
NAME PEVZNER, MICHAEL
STREET ADDRESS 2841 EXECUTIVE DR, # 220
CITY-ST-ZIP CLEARWATER, FL 33762

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000000945430
05/30/08-80008-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

727.572.4038

Daytime Phone #