

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088677

Entity Name: SKIN CARE CENTER, P.A.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

4799 NORTH FEDERAL HWY.
SUITE 3
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4799 NORTH FEDERAL HWY.
SUITE 3
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-3311080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, VIVIAN
4799 NORTH FEDERAL HWY.
SUITE 3
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERNANDEZ, VIVIAN
Address: 4799 N. FED. HWY., STE. 3
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: HERNANDEZ, VIVIAN
Address: 4799 N. FED. HWY., STE. 3
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VIVIAN HERNANDEZ

MD

01/07/2009

Electronic Signature of Signing Officer or Director

Date