2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 01, 2009
Secretary of State

DOCUMENT# P96000096003

Entity Name: ADVANCED MEDICAL HAIR CENTERS OF WEST FLORIDA, INC.

Current Principal Place of Business:

3501 HEALTH CENTER BLVD.
#2200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

9400 GLADIOLUS DRIVE
#105
FORT MYERS, FL 33908

Current Mailing Address:

3501 HEALTH CENTER BLVD.
#2200
BONITA SPRINGS, FL 34135

New Mailing Address:

9400 GLADIOLUS DRIVE
#105
FORT MYERS, FL 33908

FEI Number: 65-0721214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANDRACCIA, ROBERT V M.D.
3501 HEALTH CENTER BLVD.
#2200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

MANDRACCIA, ROBERT V M.D.
9400 GLADIOLUS DRIVE
#105
FORT MYERS, FL 33908 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: ROBERT V MANDRACCIA 10/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: MANDRACCIA, ROBERT V M.D.
Address: 3501 HEALTH CENTER BLVD. #2200
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: MANDRACCIA, ROBERT V M.D.
Address: 9400 GLADIOLUS DRIVE
City-St-Zip: FORT MYERS, FL 33908

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: ROBERT V. MANDRACCIA PRES 10/01/2009
Electronic Signature of Signing Officer or Director Date