

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000044966

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ABOUT FACE THERAPEUTIC SKIN CARE CENTER, INC.

**Current Principal Place of Business:**

907 MAR WALT DR, SUITE 2014  
FT WALTON BEACH, FL 32547

**New Principal Place of Business:**

907 MAR WALT DR,  
2014  
FT WALTON BEACH, FL 32547 US

**Current Mailing Address:**

907 MAR WALT DR, SUITE 2014  
FT WALTON BEACH, FL 32547

**New Mailing Address:**

907 MAR WALT DR,  
2014  
FT WALTON BEACH, FL 32547 US

**FEI Number:** 59-3454680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, BILLIE B  
907 MAR WALT DR, SUITE 2014  
FT WALTON BEACH, FL 32547 US

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

SMITH, BILLIE B  
907 MAR WALT DR  
2014  
FT WALTON BEACH, FL 32547 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: BILLIE B. SMITH

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SMITH, BILLIE B  
Address: 907 MAR WALT DR, SUITE 2014  
City-St-Zip: FT WALTON BEACH, FL 32547 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: BILLIE B. SMITH

D

04/28/2011

Electronic Signature of Signing Officer or Director

Date