

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053488

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** HERITAGE SKIN CARE, INC.

**Current Principal Place of Business:**

180 N.E. 99TH STREET  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

180 N.E. 99TH STREET  
MIAMI SHORES, FL 33138

**New Mailing Address:**

**FEI Number:** 65-0933470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THROWER, ANGELO P  
180 NE 99TH  
MIAMI SHORES, FL 33138 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

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: THROWER, ANGELO P M.D.  
Address: 180 N.E. 99TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: CEO  
Name: THROWER, ANGELO P  
Address: 180 N.E. 99TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: P  
Name: THROWER, YOLANDA  
Address: 180 NE 99TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: S  
Name: THROWER, ANGELO P MD  
Address: 180 NE 99TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: PCEO  
Name: THROWER, ANGELO P MD  
Address: 180 NE 99TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138

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: ANGELO P. THROWER, MD

D/P

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date