

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000001224

**Entity Name:** RAGER CLINICAL SKIN CARE, INC.

**Current Principal Place of Business:**

6300 CORPORATE COURT  
SUITE 101  
FT MYERS, FL 33919

**Current Mailing Address:**

6300 CORPORATE COURT  
SUITE 101  
FT MYERS, FL 33919

**FEI Number:** 65-0722139

**Certificate of Status Desired:** No

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

RAGER, CYNTHIA A  
6300 CORPORATE COURT  
SUITE 101  
FORT MYERS, FL 33919 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MS  
Name RAGER, CYNTHIA A  
Address P.O BOX 7420  
City-State-Zip: WILMINGTON DE 19803

*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:** CYNTHIA RAGER

**OWNER/PRESIDENT**

**03/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date