

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000073416

**Entity Name:** JACKSONVILLE HAIR REPLACEMENT, INC.

**Current Principal Place of Business:**

9770 BAYMEADOWS ROAD  
STE. 101  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9770 BAYMEADOWS ROAD  
STE. 101  
JACKSONVILLE, FL 32256

**FEI Number:** 59-3463131

**Certificate of Status Desired:** No

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

JOYNER, JOHN  
7950 MONTEREY BAY DR  
JACKSONVILLE, FL 32256 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                      D  
Name                      JOYNER, JOHN  
Address                      7950 MONTEEREY BAY DR  
City-State-Zip:              JACKSONVILLE FL 32256

Title                      D  
Name                      DESAI, BHARTI  
Address                      1584 ROSWELL RD  
City-State-Zip:              MARIETTA GA 30062

*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:** BHARTI DESAI

**V. PRESIDENT**

**01/24/2015**

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

\_\_\_\_\_  
Date