2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90481 035 ***150.00

DOCUMENT # H93241

1. Entity Name
DOUGLAS D. DEDO, M.D. - THE PALM BEACH INSTITUTE OF COSMETIC SURGERY AND LONGEVITY, P.A.

Principal Place of Business	Mailing Address
1211 PROPSERITY FARMS RD SUITE C 303 PALM BEACH GARDENS FL 33410	1211 PROPSERITY FARMS RD SUITE C 303 PALM BEACH GARDENS FL 33410

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11211 Prosperity Farms Rd	11211 Prosperity Farms Rd
Suite, Apt. #, etc.: Suite 304 C	Suite, Apt. #, etc.: Suite 304 C
City & State: Palm Beach Gardens Fl	City & State: Palm Beach Gardens, Fl
Zip: 33410 Country: PBC	Zip: 33410 Country: PBC

4. FEI Number 59-2693192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, THORNTON M.
505 S. FLAGLER DRIVE, SUITE 1100
W PALM BEACH FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEDO, DOUGLAS D.		NAME		
STREET ADDRESS	11211 PROSPERITY FARMS RD #303-C		STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL 33410		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/17/03 (561)626-3223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #