


FILED
May 27, 2008 8:00 am
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-28-2008 90408 003 ***158.75

DOCUMENT # P07000131380
 1. Entity Name
CHOICE MEDICAL COSMETICS, INC



Principal Place of Business Mailing Address
1900 GLADES ROAD **2295 N.W. CORPORATE BLVD**
SUITE 100 **SUITE 140**
BOCA RATON, FL 33431 **BOCA RATON, FL 33431**

66012254



2. Principal Place of Business - No P.O. Box #
2250 Glades Road
 Suite, Apt. #, etc.
2nd floor
 City & State
Boca Raton, FL
 Zip
33431 Country
USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

02132008 Chg-P CR2E034 (12/06)

4. FEI Number
32-0230055 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PRUDEN, JAMES
980 N. FEDERAL HWY
SUITE 404
BOCA RATON, FL 33432

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P, T BROWN, GARY D 4275 SANCTUARY LANE BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S SABER, MOJGAN M.D. 1155 BRICKELL BAY DRIVE, #910 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 files empowered.

SIGNATURE: _____ **4/22/08**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print)