SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 29 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031821 (9)

1. Corporation Name

IMAGOS INSTITUTE OF PLASTIC SURGERY, INC.

Principal Place of Business: ~~6205 S.W. 72 STREET SUITE 200 MIAMI FL 33143~~

Mailing Address: ~~6205 S.W. 72 STREET SUITE 200 MIAMI FL 33143~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9090 SW 87th Ct	26 9090 SW 87th Ct
22 Suite, Apt. #, etc: Suite 200	27 Suite, Apt. #, etc: Suite 200
23 City & State: Miami Florida	28 City & State: Miami, Florida
24 Zip: 33176 / 25 Country: Dade	29 Zip: 33176 / 30 Country: Dade

4. FEI Number: 65-0484683 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ-GURRI, ~~JORGE~~ Jose
5915 PONCE DE LEON BLVD.
SUITE 12
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: Perez-Gurri, Jose A.
82 Street Address (P.O. Box Number is Not Acceptable): 8895 S.W. 110 Street
83
84 City: Miami FL 85 Zip Code: 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] (Jose A. Perez-Gurri, M.D.) DATE 6/20/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEREZ-GURRI, ~~JORGE~~ Jose
STREET ADDRESS	~~5915 PONCE DE LEON BLVD.~~, SUITE 12
CITY ST ZIP	~~CORAL GABLES FL 33146~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	President / Secretary	☑ Change ☑ Addition
1.2 NAME	Perez-Gurri, Jose A.	
1.3 STREET ADDRESS	8895 S.W. 110 Street	
1.4 CITY ST ZIP	Miami, Fl. 33176	
2.1 TITLE	Vice President / Treasurer	☐ Change ☑ Addition
2.2 NAME	Perez-Gurri, Kathy	
2.3 STREET ADDRESS	8895 S.W. 110 Street.	
2.4 CITY ST ZIP	Miami, Florida 33176	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Jose A. Perez-Gurri, M.D. 6/20/95 (305) 596-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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