FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 21 1996 8:00 am
Secretary of State

DOCUMENT # P94000031821 (9)

1. Corporation Name

IMAGOS INSTITUTE OF PLASTIC SURGERY, INC.

Principal Place of Business
~~9090 SW 87TH COURT~~ 9955 N. Kendall Dr
~~SUITE 200~~
MIAMI FL 33176
US

Mailing Address
~~9090 SW 87TH~~ COURT 9955 North Kendall Dr
~~SUITE 200~~
MIAMI FL 33176
US

2. Principal Place of Business	21 9955 N. Kendall Drive
Suite, Apt #, etc.	22
City & State	23 Miami Fl.
Zip	24 33176
Country	25 US
2a. Mailing Address	26 9955 N. Kendall Drive
Suite, Apt. #, etc.	27
City & State	28 Miami Fl.
Zip	29 33176
Country	30 U.S.

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report: 06/29/1995
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, JOSE A.
~~6875 S.W. 110 STREET~~ 9955 North Kendall Drive
~~SUITE 12~~
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ____________ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PS ☐ DELETE
NAME	PEREZ-GURRI, JOSE A.
STREET ADDRESS	~~6875 S.W. 110 STREET~~ 9955 North Kendall Drive
CITY-ST-ZIP	MIAMI FL 33176
TITLE	VPT ☐ DELETE
NAME	PEREZ-GURRI, KATHY
STREET ADDRESS	~~6875 S.W. 110 STREET~~ 9955 North Kendall Drive
CITY-ST-ZIP	MIAMI FL 33176
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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] 6/6/96 305 596 2228

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