

PROFIT
CORPORATION
ANNUAL REPORT
1996



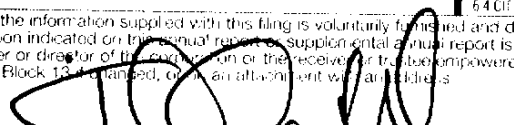
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 21 1996 8:00 am
Secretary of State

DOCUMENT # P94000031821 (9)
1. Corporation Name

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IMAGOS INSTITUTE OF PLASTIC SURGERY, INC.

Principal Place of Business 8888 SW 87TH COURT 9955 N. Kendall Dr SUITE 200 MIAMI FL 33176 US		Mailing Address 8888 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. 24 Zip 33176 25 Country US		2a. Mailing Address 26 9955 N. Kendall Drive Suite, Apt. #, etc. 27 City & State 28 Miami Fl. 29 Zip 33176 30 Country U.S.		3. Date Incorporated or Qualified 04/26/1994 3a. Date of Last Report 06/29/1995 4. FEI Number 65-0484683 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. 8875 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 607.0802 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 _____					
12. OFFICERS AND DIRECTORS TITLE ☐ DELETE NAME PS PEREZ-GURRI, JOSE A. STREET ADDRESS 8875 S.W. 110 STREET 9955 North Kendall Drive CITY - ST - ZIP MIAMI FL 33176 TITLE ☐ DELETE NAME VPT PEREZ-GURRI, KATHY STREET ADDRESS 8875 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					
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					
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)(b), Florida Statutes. I further certify that the information indicated on this 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. I understand, and I am an attendant with an address.					
SIGNATURE:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6/6/96 305 596 2228					