2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91061 006 ***150.00

DOCUMENT # P96000092615

1. Entity Name
HAIR TRANSPLANT INSTITUTE OF MIAMI, INC.

Principal Place of Business	Mailing Address
7867 N KENDALL DR 2ND FLOOR MIAMI, FL 33156	7867 N KENDALL DR 2ND FLOOR MIAMI, FL 33156

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4425 Ponce DeLeon Blvd		4425 Ponce deLeon Blvd.	
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc. SUITE 230	
City & State Coral Gables Fla		City & State Coral Gables, Fla.	
Zip 33146	Country USA	Zip 33146	Country USA

4. FEI Number 65-0842008 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NUSBAUM, BERNARD
7867 N KENDALL DR 2ND FLOOR
MIAMI, FL 33156

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, 2004 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 NUSBAUM, BERNARD P M.D. 7867 N. KENDALL DRIVE MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] MD BERNARD P. NUSBAUM, M.D. 4/28/04 305 4489100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #