## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000092615**



## **FILED** Jan 14, 2005 8:00 am Secretary of State

1. Entity Name HAIR TRANSPLANT INSTITUTE OF MIAMI, INC.							01-14-2005 90012 033 ***150.00						
Principal Place of Business 4425 PONCE DE LEON BLVD. STE. 230 CORAL GABLES, FL 33146			Mailing Address 4425 PONCE DE LE STE. 230 CORAL GABLES, FL		1	: . <b> </b>	EHO EKKI ODKI ÉBILI DI	TTA BERING JURAN	JUU G	J Z Z	18		
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			١,	01102005	Chg-P	CR21	E034 (10/	03)		
City & State			City & State		4	4. FEI Number 65-0842008			Applied For Not Applicable				
Zip Country		Zip C		try	5	i. Certificate o	f Status Desired		\$8.75 Fee Rec		tional		
	6. Name	and Address of Current	Registered Agent		Name	7	. Name and A	ddress of New	Registere	d Agent			
NUSBAUM 7867 N KE MIAMI, FL	NDALL D	RD R 2ND FLOOR			L	ss (P.C	). Box Number	is Not Acceptab	le)				
					City				F	L Zip	Code		
	named entit	y submits this statement for ered agent.	r the purpose of changing	g its registere	ed office or regis	stered	agent, or both	, in the State of F	lorida. I a	m familiar	with, a	nd accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signature requ	ured wh	en renstating)		DATE				
		FEE IS \$150.00 5 Fee will be \$550.0	9. Election Can Trust Fund C				) May Be to Fees						
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	CHANGES TO OF	FICERS A	ND DIREC	TORS	IN 11	
NAME STREET ADDRESS CITY+ST-ZIP	1	M, BERNARD P M.D. ENDALL DRIVE _ 33156	Delete	•	1.7	) U S	S PON	BERNA LE DE LA	LON 13	V 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1					Cha	inge	Addition	
THILE NAME STREET ADDRESS CITY-ST-ZIP		***************************************	☐ Detete		i					☐ Cha	inge	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I					☐ Cha	inge	Addition	
TITLE NAME Street address City-St-Zip			☐ Delete		I					☐ Cha	inge	Addition	
indicated	on this repo	e information supplied with it or supplemental report is the receiver or truetee emporachment with address.	s true and accurate and th	hat mv signa	iture shall have ti	he sar	ne least effect	as if made unde	r oath: that	llam an o	fficer (	or director	

SIGNATURE: \_\_