FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 12:28

DOCUMENT # **698354** **(8)**

1. Corporation Name
FACIAL PLASTIC SURGERY CENTER, INC.

Principal Place of Business	Mailing Address
777 37TH STREET, C-101 PO DRAWER E VERO BEACH FL 32960	777 37TH STREET, C-101 PO DRAWER E VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1981
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2471693 ☐ 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

HENRY, THORNTON M.
505 S FLAGLER DR
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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
Signature, typed or printed name of registered agent and title if applicable — (MUST be Registered Agent's signature if agent is changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	DST	11 TITLE	☐ Change ☐ Addition
02 NAME	BECKER, FERDINAND F, JR	12 NAME	
03 STREET ADDRESS	777-37TH STREET, C-101	13 STREET ADDRESS	
04 CITY ST ZIP	VERO BEACH, FL 00000	14 CITY ST ZIP	
05 TITLE	DVP	21 TITLE	☐ Change ☐ Addition
06 NAME	STUBBS, WILLIAM KING, JR	22 NAME	
07 STREET ADDRESS	777-37TH STREET, C-101	23 STREET ADDRESS	
08 CITY ST ZIP	VERO BEACH, FL 00000	24 CITY ST ZIP	
09 TITLE	P	31 TITLE	☐ Change ☐ Addition
10 NAME	BECKER, FERDINAND F, JR	32 NAME	
11 STREET ADDRESS	777-37TH STREET, C-101	33 STREET ADDRESS	
12 CITY ST ZIP	VERO BCH, FL	34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 added on an attachment with an asterisk.

SIGNATURE: William King Stubbs, Jr. 1/11/95 407-567-1164
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME PHONE #

0071171 CP