## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 698354 **DOCUMENT #**

1. Entity Name

INC.

ADVANCED FACIAL COSMETIC & LASER SURGERY CENTER,



**FILED** Jan 21, 2003 8:00 am § Secretary of State

01-21-2003 90059 049 \*\*\*150.00

Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   GHECK HERE IF MAKING CHANGES  City & State   Country   Zip   Country   S. Certificate of States Desired   Rox Applicant   Ro	Principal Place of Business 5070 NORTH A1A SUITE A VERO BEACH FL 32963		Mailing Address 5070 NORTH A1A SUITE A VERO BEACH FL 32963				
City & State  Ci	2. Principal Place of Business		3. Mailing Address		I IDERIA BAIND IDIDA KUMU CIKI BACA GARIK BABAI BABAI DABIK		
Experimental control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the originative of legistered agent.    Signature	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
S. Certificate of Status Desired   \$9* 7, Name and Address of New Registered Agent    GARRIS, CHARLES   Name   Stroot Address of New Registered Agent    File 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 collegations of registered agent, or both, in the State of Florida. I am familiar with and accept the collegations of registered agent.  SIGNATURE   Sprather, hood or ormet name of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida. I am familiar with and accept the collegations of registered agent.   Port It in the State of Florida.   Port It in the State of	City & State		City & State		59-2471693		
SARRIS, CHARLES   S17 BEACHLAND BLVD.   VERO BEACH FL 32963   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O.	Zip	Country	Zip	Country		элаі	
GARRIS, CHARLES 817 BEACHLAND BLVD. VERO BEACH FL 32963  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 Fiorids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00 Make Chock Payable to Prioride Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N.1.1  TILE PD BECKER, FERDINAND F. JR. SYNEX ADDRESS  OTH 51-2P  TILE NAME SIFET ADDRESS			Registered Agent		7. Name and Address of New Registered Agent		
Street Address (PO. Box Number is Not Acceptable)  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   Description				Name			
City   FL   Zip Code			·	Street Ac			
City   FL   Zip Code							
8. The above named entity submits this statement for the purpose of changing its registared office or registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.    Signature   File   Now!!!   FEE IS \$150.00	VERO BE	ACH FL 32963					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   File   Now!!!   FEE   S \$150.00				City	Zip Code		
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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	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		NAME STREET ADDRESS CITY-ST-ZIP			

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 a life tike empowered.

SIGNATURE: \_

Daytime Phone #