

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90010 005 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98000002838**

1. Corporation Name

**GENUS AESTHETIC MEDICAL AND DENTAL GROUP, INC.**

Principal Place of Business

**800 SHADES CREEK PKWY., STE. 700  
BIRMINGHAM AL 35209**

Mailing Address

**800 SHADES CREEK PKWY., STE. 700  
BIRMINGHAM AL 35209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/19/1998**

4. FEI Number

**72-1396013**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

**23 City & State**

**24 Zip**

**25 Country**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

**29 Zip**

**30 Country**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CDP** ☐ DELETE

NAME **DEXHEIMER, WILLIAM R**  
STREET ADDRESS **800 SHADES CREEK PKWY., STE. 700**  
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE **D** ☒ DELETE

NAME **GROSMAN, ABRAHAM D**  
STREET ADDRESS **800 SHADES CREEK PKWY., STE. 700**  
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE **D** ☐ DELETE

NAME **MCCALLUM, CHARLES A DMD, MD**  
STREET ADDRESS **800 SHADES CREEK PKWY., STE. 700**  
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE **D** ☐ DELETE

NAME **RENDINA, BRUCE A**  
STREET ADDRESS **800 SHADES CREEK PKWY., STE. 700**  
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE **D** ☐ DELETE

NAME **MEADOW, SCOTT F**  
STREET ADDRESS **800 SHADES CREEK PKWY., STE. 700**  
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE **D** ☐ DELETE

NAME **SCHOCHET, BARRY P**  
STREET ADDRESS **800 SHADES CREEK PKWY., STE. 700**  
CITY-ST-ZIP **BIRMINGHAM AL 35209**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **O**  
1.3 STREET ADDRESS **CHRISTOPHER J. SMITH**  
1.4 CITY-ST-ZIP **800 SHADES CREEK PKWY, STE. 700  
BIRMINGHAM, AL 35209**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **D**  
2.3 STREET ADDRESS **DARYL P. BROWN**  
2.4 CITY-ST-ZIP **800 SHADES CREEK PKWY, STE. 700  
BIRMINGHAM, AL 35209**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **D**  
3.3 STREET ADDRESS **RONALD E. GOLDSTEIN, DDS**  
3.4 CITY-ST-ZIP **800 SHADES CREEK PKWY, STE. 700  
BIRMINGHAM, AL 35209**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **D**  
4.3 STREET ADDRESS **JACK TYRRELL**  
4.4 CITY-ST-ZIP **800 SHADES CREEK PKWY, STE. 700  
BIRMINGHAM, AL 35209**

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 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 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 on an attachment with an address.

SIGNATURE:

*Christopher J. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/99

205-414-1480

Date Daytime Phone #

CR2E034 (5/99)