

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90050 014 \*\*\*150.00

**DOCUMENT # H17827**

1. Entity Name  
**FLORIDA AESTHETIC SURGERY CENTER, P.A.**



Principal Place of Business  
**5258 LINTON BLVD.  
SUITE 303  
DELRAY BEACH FL 33484-6598**

Mailing Address  
**5258 LINTON BLVD.  
SUITE 303  
DELRAY BEACH FL 33484-6598**



2. Principal Place of Business  
**5258 LINTON BLVD**

3. Mailing Address  
**5258 LINTON BLVD**

Suite, Apt. #, etc.  
**303**

Suite, Apt. #, etc.  
**303**

City & State

City & State

**DELRAY BEACH**

**DELRAY BEACH**

Zip  
**33484**

Country

**USA**

Zip

**33484**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-351-2252**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ROSENBERG, GARY J. M.D.  
5258 LINTON BLVD.  
SUITE #303  
DELRAY BEACH FL 33484**

## 7. Name and Address of New Registered Agent

Name  
**GREGORY D. ALBERT, MD**  
Street Address (P.O. Box Number is Not Acceptable)  
**5258 LINTON BLVD, SUITE 303**

**DELRAY BEACH FL 33484**

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)

**Registered Agent** **3/11/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PVT** ☐ Delete  
NAME **ROSENBERG, GARY J., M.D.**  
STREET ADDRESS **5258 LINTON BLVD. #303**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT - PVT** ☒ Change ☐ Addition  
NAME **GREGORY D. ALBERT, MD**  
STREET ADDRESS **5258 LINTON BLVD, SUITE 303**  
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/03** **904-497-3070**