2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K12515 1. Entity Name WESTON CENTER FOR PLASTIC SURGERY, INC.					Secretary of State 02-06-2002 90032 027 ***150.00			
Principal Place of Business % JAY S. WEISS. ESO 1840 SE / Ave 4417 S.E. 187 AVE FT. LAUDERDALE FL 33316 US Mailing Address % JAY S. WEISS. ESO 1417 S.F. LAVE 184 FT. LAUDERDALE FL 33316 US			to se i Av	e.				
Principal P 1840 Suite, Apt.	lace of Business SE / Ave #, etc.	3. Mailing Address /840 SE / Ave Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	4. FEI Number 65-0025675 Applied For Not Applicable			
Zip	Country	Zip	Country	5. C		\$8.75 Add Fee Required	itional	
WEISS, J/ 1417-S-E FT LAUDE	Name Street Add	Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE . 9. This corporate filing a	named entity submits this statement for Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	id title if applicable. (NOTE	Registered Agent signature II FEE IS \$150.00 2 Fee will be \$55	e required when re			0 May Be to Fees	
•	OFFICERS AND D		12.		L DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, BARRY M., MD 1625 N COMMERCE PKWY 325 FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7.6		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TIIT NA STI				The second secon	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITI NAN STR					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DYDIRECTOR

CITY-ST-ZIP

1.14.02

954-384-2300

Daytime Phone #