2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2003 8:00 am Secretary of State

						JOULDIUL V		•
DOCUMENT # L0000011274 1. Entity Name COSMETIC SURGERY CENTER, PL					04-29-2003 90032 035 ****50.00			
Principal Plac	e of Business	Mailing Address			-			
	ROAD, SUITE 100	•	3109 STIRLING ROAD. SUITE 100 FORT LAUDERDALE FL 33312		}	98000		
FORT LAUDER	DALE FL 33312	FORT LAUDERDALE FL				20035738		
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2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			a n a n ag in ba n ba n ag n ag n ba n ba n ag n ag)1 00 1 1010 1011 1	i ni
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKIN	IG CHANGES	
City & State		City & State	City & State			4. FEI Number 65-1043228 Applied For Not Applicable		
Zip Country		Zip	Zip Cou		5.0-16-1	to at Out to Out to a	\$5.00 Add	
·				·	<u></u>	ite of Status Desired	Fee Require	
	6. Name and Address of Curre	7. Name and Address of New Registered Agent Name						
SINGER, BERNARD A ESQ.				The state of the s				
492	5-A SHERIDAN STREET		Street Addres		(P.O. Box Num	ber is Not Acceptable)		
HOL	LYWOOD FL 33021							
				City			■ Zip Cod	
				l		F	L	
	named entity submits this statementions of registered agent.	t for the purpose of changing	its register	ed office or registe	ered agent, or t	ooth, in the State of Florida. I an	n familiar with,	and accept
-						•		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Register	ed Agent signature require	ed when reinstating)	DATE		
		FILE	NOW!!!	FEE IS \$50.00			_	
		Make Check Paya			ent of State			
		م (ue By M	lay 1, 2003				
9.	,	BERS/MANAGERS	10.			ADDITIONS/CHANGE	S	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Signature deouired SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE