

## 2002 FEE FORM BUSINESS REINSTATEMENT

DOCUMENT # L01000005584

1. Entity Name

COSMETIC AND LASER SURGERY INSTITUTE, LLC

Principal Place of Business

6719 NW AMERICAN LANE SUITE 1  
LAKE CITY FL 32055

Mailing Address

6719 NW AMERICAN LANE SUITE 1  
LAKE CITY FL 32055

2. Principal Place of Business

4367 NW American Lane  
Lake City, Fl. 32055

3. Mailing Address

Same  
Suite, Apt. #, etc.

City &amp; State

Lake City Fl.

City &amp; State

Lake City Fl.

Zip

32055

Country

US

Zip

32055

Country

US

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

KABEER, ADIL  
6719 NW AMERICAN LANE SUITE 1  
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name: Adil Kabeer M.D.  
Street Address (P.O. Box Numbers Not Acceptable)  
4367 NW American Lane  
City: Lake City FL Zip Code: 32055

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)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM  
NAME: KABEER, ADIL  
STREET ADDRESS: 6719 NW AMERICAN LANE SUITE 1  
CITY-ST-ZIP: LAKE CITY FL 32055 ☐ DeleteTITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ DeleteTITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ DeleteTITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ DeleteTITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ DeleteTITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME: 4367 NW American Lane  
STREET ADDRESS: Lake City, Fl. 32055TITLE: ☐ Change ☐ Addition  
NAME: 100014679751  
STREET ADDRESS: 03/25/03--01043--018 \*\*150.00TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: ☐ Change ☐ Addition  
NAME: 700018299777  
STREET ADDRESS: 05/06/03--01052--001 \*\*50.00TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: ☐ Change ☐ Addition  
NAME: REINSTATEMENT  
STREET ADDRESS: 2002-03  
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Adil Kabeer

1/21/03

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

Date

Daytime Phone #

386-758-6094

CR2E083 (4/02)