LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State
08-11-2002 90166 028 ****50.00

DOCUMENT # L01000021430

1. Entity Name
CITYPLACE COSMETIC SERVICES, LLC

DO NOT WRITE IN THIS SPACE

973205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
301 YAMATO Rd		301 YAMATO Rd,	
Suite, Apt. #, etc.: SUITE 4150		Suite, Apt. #, etc.: SUITE 4150	
City & State: BOCA RATON, FL		City & State: BOCA RATON, FL	
Zip: 33431	Country: USA	Zip: 33431	Country: USA

4. FEI Number: APPLIED FOR — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: BULMAN, RICHARD C JR ESQ SACHS, SAX & KLEIN PA
Street Address (P.O. Box Number is Not Acceptable): 301 YAMATO Rd
STE 4150
City: BOCA RATON **FL** Zip Code: 33431

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.

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. NEW MANAGING MEMBERS/MANAGERS — DELETE

	NEW		DELETE
TITLE	MGRM	TITLE	MGRM
NAME	ANDREW M. RESS, M.D.	NAME	RICHARD C. BULMAN, JR
STREET ADDRESS	7284 W. PALMETTO PARK Rd #105	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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] / President — 7/31/02 — 561 347-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment 973905
L01 0000 21430

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ **See separate instructions for each line.** ▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
ISLAND PLASTIC SURGERY LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
7284 W. PALMETTO PARK Rd STE 105

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
BOCA RATON FL 33433

5b City, state, and ZIP code

6 County and state where principal business is located
PALM BEACH

7a Name of principal officer, general partner, grantor, owner, or trustor
ANDREW M RESS MD MGRM

7b SSN, ITIN, or EIN
266-86-4172

8a **Type of entity** (check only one box)

- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶ ____
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ____
- ☒ Other (specify) ▶ LLC
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator (SSN) ____
- ☐ Trust (SSN of grantor) ____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 **Reason for applying** (check only one box)

- ☐ Started new business (specify type) ▶ LLC
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ____
- ☐ Changed type of organization (specify new type) ▶ ____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ____
- ☐ Created a pension plan (specify type) ▶ ____

10 Date business started or acquired (month, day, year)
12/11/2001

11 Closing month of accounting year
12/31/01

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶

Agricultural	Household	Other

14 Check one box that best describes the principal activity of your business.
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
MEDICAL PRODUCTS & SERVICES

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name — Designee's telephone number (include area code) ( )

Address and ZIP code — Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ ANDREW M RESS MD, MGRM — Applicant's telephone number (include area code) (561) 347-1611

Signature ▶ [signature] — Date ▶ 7/29/02 — Applicant's fax number (include area code) (561) 347-1455

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)

faxed 7-31-02