

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90005 038 ***150.00

DOCUMENT # L61612

1. Entity Name
IMAGE PLUS AESTHETIC SKIN CARE, INC.



Principal Place of Business
**% RAMON GUTIERREZ M D
2052 S.W. 63RD COURT
MIAMI, FL 33155-1950**

Mailing Address
**% RAMON GUTIERREZ M D
2052 S.W. 63RD COURT
MIAMI, FL 33155-1950**

DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0188965

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**GUTIERREZ, VIVIAN
2052 S.W. 63RD COURT
MIAMI, FL 33155-1950**

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IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUTIERREZ, ALEXANDER M
2052 S.W. 63RD CT.
MIAMI, FL 331551955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUTIERREZ, VIVIAN
2052 S.W. 63RD CT.
MIAMI, FL 331551950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #