FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M39046** **(1)**

1. Corporation Name

GENERAL PLASTIC SURGICAL & WEIGHT CONTROL CENTER , INC.

Principal Place of Business
4836 SW 8 ST.
CORAL GABLES FL 33134

Mailing Address
4836 SW 8 ST.
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1986
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc (22) / Suite, Apt #, etc (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-2723274 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARTON, MARITZA
4836 SW 8 ST.
CORAL GABLES FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (If a corporate agent, a corporate officer. If a registered agent, the registered agent) — (If Registered Agent Signature required above, mandatory) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARTON, MARITZA
STREET ADDRESS	~~5925 COLLINS AVE PH K~~
CITY, ST, ZIP	MIAMI BCH FL
TITLE	SD
NAME	BAKULA, DANIEL
STREET ADDRESS	10020 S.W. 128TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	TD
NAME	BARTON, MARILU
STREET ADDRESS	10020 SW 128 ST
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	Barton, Maritza	
13 STREET ADDRESS	8908 S.W. 4Lane	
14 CITY, ST, ZIP	Miami, Fl 33174	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or is on an attachment with an address.

SIGNATURE: Daniel Bakula
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 — Date
(305) 448 5000 — Daytime Phone #

0130000 CP