

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # M92924**1. Entity Name
TREASURE COAST COSMETIC SURGERY CENTER, INC.

Principal Place of Business C/O JOYCE MCCLINTOCK VIGGIANO 1901 PORT ST. LUCE BLVD. PORT ST. LUCIE 34952 FL	Mailing Address C/O JOYCE MCCLINTOCK VIGGIANO 1901 PORT ST. LUCE BLVD. PORT ST. LUCIE 34952 FL
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2. Principal Place of Business 1901 S.E. PORT ST. LUCE BLVD.	3. Mailing Address 1901 S.E. PORT ST. LUCE BLVD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PORT ST. LUCIE FL	City & State PORT ST. LUCIE FL
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Zip 34952	Country US	Zip 34952	Country US
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4. FEI Number 65-0061001	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentVIGGIANO JOYCE M
1901 PORT ST. LUCIE BLVD.

PORT ST. LUCIE FL
34952 US**7. Name and Address of New Registered Agent**Name
MCCLINTOCK JOYCE E
Street Address (P.O. Box Number is Not Acceptable)
1901 S.E. PORT ST. LUCIE BLVD.

City
PORT ST. LUCIE FL Zip Code
34952

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 **JOYCE E MCCLINTOCK****09/06/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN CYNTHIA 1901 PORT ST LUCIE BLVD PORT ST LUCIE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VIGGIANO JOYCE M 1901 PT. ST. LUCIE BLVD. PT. ST. LUCIE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIGGIANO DONATO A 1901 PT. ST. LUCIE BLVD. PT. ST. LUCIE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN CYNTHIA 1901 S.E. PORT ST LUCIE BLVD PORT ST LUCIE FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCCLINTOCK JOYCE E 1901 S.E. PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIGGIANO DONATO A 1901 S.E. PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE E MCCLINTOCK**DST****09/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)