


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>N02000001028</i>			<div style="text-align: center;">FILED 03 APR 15 AM 9:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>				
1. Entity Name <i>AMERICAN COLLEGE OF COSMETIC SURGEONS, INC</i>							
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business <i>7725 WALLACE ROAD</i> Suite, Apt. #, etc. <i>D</i>		3. Mailing Address <i>435 N. ROXBURY DR.</i> Suite, Apt. #, etc. <i>400</i>					
City & State <i>ORLANDO, FL</i>		City & State <i>BEVERLY HILLS, CA.</i>		4. FEI Number <i>48-1276160</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32819</i> Country <i>USA</i>		Zip <i>90210</i> Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent			
				Name <i>Spiegel & Utrera, P.A.</i>			
				Street Address (P.O. Box Number is Not Acceptable) <i>1840 Coral Way, 4th Floor</i>			
				City <i>MIAMI</i> FL Zip Code <i>33145</i>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>P/VISIT/D PRAVIN MISHRA, MD. PH.D 435 N. ROXBURY DR. #400 BEVERLY HILLS, CA 90210</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>000017606930 04/30/03--01096--003 **\$1.25</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>D JUST BRAHMATSWARI, MD. 7725 WALLACE RD. # D ORLANDO, FL 32819</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>D HARBINDER GHULLDU, MD. 7725 WALLACE RD. # D ORLANDO, FL 32819</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>PRAVIN MISHRA, MD. PRAVIN MISHRA, PRESIDENT/DIRECTOR</i>				Date <i>04-07-03</i>		Daytime Phone # <i>310-247 0280</i>	

CR2E037B (12/02)