

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000706

FILED  
May 24, 2004  
Secretary of State

Entity Name: AESTHETIC MEDICAL EDUCATION RESOURCES, INC.

**Current Principal Place of Business:**

6770 SW 124TH STREET  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

6770 SW 124TH STREET  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 02-0682464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARROYAVE, EFRAIN MD  
6770 SW 124TH STREET  
MIAMI, FL 33156

**Name and Address of New Registered Agent:**

ARROYAVE, ROBIN  
6770 SW 124TH STREET  
MIAMI, FL 33156

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: ROBIN ARROYAVE

05/24/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLMITCH, JOSEPH G  
Address: 7775 SW 156TH ST  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: RUEL, RON  
Address: 18045 SW 83RD COURT  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: MARTINEZ, CECY  
Address: 2901 CLINT MOORE RD #154  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: URBAN, GAIL  
Address: 6880 SW 133RD TERR  
City-St-Zip: MIAMI, FL 33156

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN ARROYAVE

RA

05/24/2004

Electronic Signature of Signing Officer or Director

Date