

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 APR 14 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N94000005096 (2)**

1. Corporation Name

**FLORIDA MEDICAL ESTHETICS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

1750 NE 191ST STREET STE. 302  
NORTH MIAMI BEACH FL 33179

1750 NE 191ST STREET STE. 302  
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1994

3a. Date of Last Report

N/A

4. FEI Number

EIN-65-0537561

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Florida

26 1750 NE 191st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 # 302

City & State

28 North Miami Beach

24 Zip

25 Country

USA

29 Zip

FL 33179

30 Country

USA

9. Name and Address of Current Registered Agent

SAFAROV, INNA  
1750 NE 191ST STREET STE. 302  
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

B1 Name CHRISTINE COWHEARD  
B2 Street Address (P.O. Box Number is Not Acceptable) 5169 S. UNIVERSITY DR  
B3 DAVIE FL.  
B4 City  
B5 Zip Code FL 33328

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

*Christine Cowheard*

4-6-1995

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	INNA G. SAFAROFF
STREET ADDRESS	1750 NE 191st suite 302
CITY - ST - ZIP	No. miami Beach FL 33179
TITLE	WILMA SCHUMANN Vice-President
NAME	
STREET ADDRESS	2121 Ponce de Leon Blvd
CITY - ST - ZIP	Coral Gables FL 33134
TITLE	Medical Director
NAME	Jerome Lentini
STREET ADDRESS	5130 Linton Blvd # G-7
CITY - ST - ZIP	Delray Beach FL 33484
TITLE	Educational Director
NAME	Sylvie Hennessy
STREET ADDRESS	320 Fenstre Blvd
CITY - ST - ZIP	Daytona Beach, FL 32114
TITLE	Esthetic Director
NAME	CHRISTINE COWHEARD
STREET ADDRESS	5169 S. University DR
CITY - ST - ZIP	DAVIE FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Inna G. Safaroff* INNA G. SAFAROFF 4-5-95 (305)940-5443