

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
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 191 ST
#302
N. MIAMI BEACH FL 33179
US**

| | | | |
|----|--|----|--|
| 21 | 211 E. Hallandale Beach Blvd Hallandale, FL 33009 | 26 | 211 E. Hallandale Beach Blvd Hallandale, FL 33009 |
| 22 | Beach Blvd | 27 | Beach Blvd |
| 23 | Hallandale, FL | 28 | Hallandale, FL |
| 24 | 33009 | 25 | Broward |
| 29 | 33009 | 30 | Broward |

| | | | |
|---|--|--------------------------------|----------------|
| 3. Date Incorporated or Qualified | 10/13/1994 | 3a. Date of Last Report | 04/14/1995 |
| 4. FEI Number | 65-0537561 | Applied For | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | |
|---|--|---|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| COWHEARD, CHRISTINE 5169 S. UNIVERSITY DR. DAVIE FL 33328 | | 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P SAFAROFF, INNA G. <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAFAROFF, INNA G. | 1.2 NAME | |
| STREET ADDRESS | 1750 NE 191 ST SUITE 302 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP SCHUMANN, WILMA <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHUMANN, WILMA | 2.2 NAME | |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 2.4 CITY-ST-ZIP | |
| TITLE | MD LENTINI, JEROME <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LENTINI, JEROME | 3.2 NAME | |
| STREET ADDRESS | 5130 LINTON BLVD #C-7 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | ED HENNESSY, SYLVIE <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENNESSY, SYLVIE | 4.2 NAME | |
| STREET ADDRESS | 320 FENSTRE BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | ED COWHEARD, CHRISTINE <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COWHEARD, CHRISTINE | 5.2 NAME | |
| STREET ADDRESS | 5169 S. UNIVERSITY BLVD DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAVIE FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 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 Safaroff Inna Safaroff 4/25/95 456-0133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 President

CR2E037 (12/95)