

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

3. Date Incorporated or Qualified 10/13/1994	3a. Date of Last Report 04/14/1995
4. FEI Number 65-0537561	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21 211 E. Hallandale	26 211 E. Hallandale
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Beach Blvd	27 Beach Blvd
City & State	City & State
23 Hallandale, FL	28 Hallandale FL
Zip	Country
24 33009	25 Broward
29 33009	30 Broward

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		DELETED
TITLE	P	<input type="checkbox"/>
NAME	SAFAROFF, INNA G.	
STREET ADDRESS	1750 NE 191 ST SUITE 302	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/>
NAME	SCHUMANN, WILMA	
STREET ADDRESS	2121 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	MD	<input type="checkbox"/>
NAME	LENTINI, JEROME	
STREET ADDRESS	5130 LINTON BLVD #C-7	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	ED	<input type="checkbox"/>
NAME	HENNESSY, SYLVIE	
STREET ADDRESS	320 FENSTRE BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	ED	<input type="checkbox"/>
NAME	COWHEARD, CHRISTINE	
STREET ADDRESS	5169 S. UNIVERSITY BLVD DR.	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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)