

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

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

Mailing Address

**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

2. Principal Place of Business

21 211 E. Hallandale

2a. Mailing Address

26 211 E. Hallandale

4. FEI Number

65-0537561

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Beach Blvd

Suite, Apt. #, etc.

27 Beach Blvd

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Hallandale FL

City & State

28 Hallandale FL

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

24 33009

Country

25 Broward

Zip

29 33009

Country

30 Broward

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**COWHEARD, CHRISTINE
5169 S. UNIVERSITY DR.
DAVE FL 33328**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SAFAROFF, INNA G.**
STREET ADDRESS **1750 NE 191 ST SUITE 302**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **VP** ☐ DELETE

NAME **SCHUMANN, WILMA**
STREET ADDRESS **2121 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **MD** ☐ DELETE

NAME **LENTINI, JEROME**
STREET ADDRESS **5130 LINTON BLVD #C-7**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **ED** ☐ DELETE

NAME **HENNESSY, SYLVIE**
STREET ADDRESS **320 FENSTRE BLVD**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **ED** ☐ DELETE

NAME **COWHEARD, CHRISTINE**
STREET ADDRESS **5169 S. UNIVERSITY BLVD DR.**
CITY-ST-ZIP **DAVE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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** **4/25/95** **456-0133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)