

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

20335 BISCAYNE BLVD SUITE L-7  
AVENTURA FL 33180  
US

P.O. BOX 4346  
HALLANDALE FL 33008  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/13/1994

4. FEI Number

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

OFFICERS AND DIRECTORS

12. ☐ DELETE

T  
NAME SAFAROFF, INNA  
STREET ADDRESS 1750 NE 191 ST SUITE 302  
CITY-ST-ZIP N. MIAMI BEACH FL 33179

☐ DELETE

DVP  
NAME COWHEARD, CHRISTINE  
STREET ADDRESS 5169 S. UNIVERSITY BLVD DR  
CITY-ST-ZIP DAVE FL 33328

☐ DELETE

DO  
NAME BECKER, FERDINAND M.D.  
STREET ADDRESS 777 37TH SUITE 101  
CITY-ST-ZIP VERO BEACH FL 32960

☐ DELETE

D  
NAME SEHALL, NANCY  
STREET ADDRESS 3237 NE 10TH ST #6  
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ DELETE

T  
NAME LEO, ROSEMARIE  
STREET ADDRESS 3671 TURTLE RUN BLVD #1322  
CITY-ST-ZIP CORAL SPRINGS FL 33067

☐ DELETE

T  
NAME SVERDLOV, DINA  
STREET ADDRESS 2336 COUNTRY CLUB DR #1607  
CITY-ST-ZIP AVENTURA FL 33180

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-931-3443

FILED  
Sep 23 1998 8:00am<sup>3</sup>  
Secretary of State



CR2E037 (5/98)