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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-27-2001 90348 006 ****61.25

DOCUMENT # N99000000952

1. Entity Name

FLORIDA ACADEMY OF COSMETIC SURGERY, INC.

Principal Place of Business	Mailing Address
349 N US HWY 27 CLERMONT FL 34711 US	349 N US HWY 27 CLERMONT FL 34711 US

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544469 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLYN, DAVID L MD 349 N US HWY 27 CLERMONT FL 34711	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PPD ☐ Delete	TITLE	PAST PRESIDENT (PPD) ☒ Change ☐ Addition
NAME	GRAPER, CHARLES E	NAME	SMITH, R. GREGORY
STREET ADDRESS	832 NW 57TH ST.	STREET ADDRESS	3201 SAWGRASS VILLAGE CIRCLE
CITY-ST-ZIP	GAINESVILLE FL 32605	CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	PD ☐ Delete	TITLE	PRESIDENT (PD) ☐ Change ☒ Addition
NAME	SMITH, R. GREGORY	NAME	PROPIS, MELVIN
STREET ADDRESS	3201 SAWGRASS VILLAGE CIR.	STREET ADDRESS	333 NW 70TH AVE., SUITE 201
CITY-ST-ZIP	PONTE VERDE BCH FL 32082	CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	SD ☒ Delete	TITLE	VICE PRESIDENT (VD) ☐ Change ☒ Addition
NAME	ARMAND, LUCIEN	NAME	CARTWRIGHT, MONTGOMERY
STREET ADDRESS	2589 N STATE RD 7	STREET ADDRESS	176 VISA OAK DRIVE
CITY-ST-ZIP	LAUDERHILL FL 33313	CITY-ST-ZIP	LONGWOOD, FL 32715
TITLE	TD ☐ Delete	TITLE	TREASURER (TD) ☒ Change ☐ Addition
NAME	ALLYN, DAVID L	NAME	ALLYN, DAVID L.
STREET ADDRESS	249 N US HWY 27	STREET ADDRESS	349 N. US HWY 27
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	☐ Delete	TITLE	BOARD MEMBER (BT) ☒ Change ☐ Addition
NAME		NAME	GRAPER, CHARLES E.
STREET ADDRESS		STREET ADDRESS	832 N.W. 57TH STREET
CITY-ST-ZIP		CITY-ST-ZIP	GAINSVILLE, FL 32605
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE [illegible] 2/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #