

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90037 023 ****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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3544469

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **BT** ☐ Delete
 NAME **GRAPER, CHARLES E**
 STREET ADDRESS **832 NW 57TH ST.**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **VP** ☒ Change ☐ Addition
 NAME **GRAPER, CHARLES E.**
 STREET ADDRESS **832 N.W. 57th STREET**
 CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **PPD** ☐ Delete
 NAME **SMITH, R. GREGORY**
 STREET ADDRESS **3201 SAWGRASS VILLAGE CIR.**
 CITY-ST-ZIP **PONTE VERDE BCH FL 32082**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **ALLYN, DAVID L**
 STREET ADDRESS **349 N US HWY 27**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **PROPIS, MELVIN**
 STREET ADDRESS **333 NW 70TH AVE SUITE 201**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **CARTWRIGHT, MONTGOMERY**
 STREET ADDRESS **176 VISA OAK DRIVE**
 CITY-ST-ZIP **LONGWOOD FL 32715**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SICILIA, R. E. ALLEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)