


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90293 049 ****61.25

DOCUMENT # N99000000952	
1. Entity Name FLORIDA ACADEMY OF COSMETIC SURGERY, INC.	

Principal Place of Business 349 N US HWY 27 CLERMONT, FL 34711 US	Mailing Address 349 N US HWY 27 CLERMONT, FL 34711 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10711 S W 104 Street Suite, Apt. #, etc.	
City & State		City & State Miami, Florida	
Zip	Country	Zip 33176	Country Miami-Dade



04272004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3544469		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALLYN, DAVID L MD 349 N US HWY 27 CLERMONT, FL 34711		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAPER, CHARLES E 832 NW 57TH ST. GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, R. GREGORY 3201 SAWGRASS VILLAGE CIR. PONTE VERDE BCH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLYN, DAVID L 349 N US HWY 27 CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD PROPS, MELVIN 333 NW 70TH AVE SUITE 201 PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Dr. Gregory R Smith** **4-29-2004** **(305) 598-2276**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #