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03 JUL 10 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and date 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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ~~VP~~ ☐ Delete NAME GRAPER, CHARLES E STREET ADDRESS 832 NW 57TH ST. CITY-ST-ZIP GAINESVILLE, FL 32605		TITLE PRESIDENT PD ☒ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ~~PPD~~ ☐ Delete NAME SMITH, R. GREGORY STREET ADDRESS 3201 SAWGRASS VILLAGE CIR. CITY-ST-ZIP PONTE VERDE BCH, FL 32082		TITLE VICE PRESIDENT VP ☒ 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 100021454381 STREET ADDRESS 07/10/03--01063--007 **61.25 CITY-ST-ZIP	
TITLE ~~PB~~ ☐ Delete NAME PROPIS, MELVIN STREET ADDRESS 333 NW 70TH AVE SUITE 201 CITY-ST-ZIP PLANTATION, FL 33317		TITLE PPD PAST PRESIDENT ☒ 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	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037 (10/02)

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: David Allyn MD 7/6/03 352-243-5975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

7/10