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PLEASE REPLY TO  
FORT LAUDERDALE OFFICE

TALLAHASSEE OFFICE  
215 SOUTH MONROE STREET  
SUITE 320  
TALLAHASSEE, FLORIDA 32301  
(850) 681-0980  
FAX (850) 681-2499

OF COUNSEL  
LAURENCE MAURER

GOVERNMENTAL RELATIONS  
KIMBERLY GUENTHER  
SANDRA S. HARRIS  
NOT MEMBERS OF FLA BAR

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SUSAN HOROVITZ MAURER  
ZOLLIE M. MAYNARD, JR.  
MARK ANTHONY EMANUELE  
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DEBORAH SUSAN PLATZ  
ALLEN A. WOLINSKY  
JONATHAN A. YELLIN

700000019495

June 7, 2001

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

700004417817--9  
-06/13/01--01062--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RE: The Skin Car Center of the Americas, Inc.  
Document No.: P00000019495

Dear Sir:

Enclosed is our Statement of Change of Registered Office and Agent for the above referenced corporation. Also enclosed is our check number 20250 in the sum of \$35.00 to cover the cost of processing this change.

Please send verification that the change has been made. Thank you for your cooperation.

Very truly yours,

*Deborah Fischer Rugg*  
Deborah Fischer Rugg

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 JUN 13 PM 2:38  
FILED

DFR/..

Encl.

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P00000019495  
RACR  
6-13-01 CM

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : The Skin Care Center of the Americas, Inc.

2. The mailing address of the corporation : ~~6318~~ 3507 Oakway #209  
Pompano Beach, FL 33069

3. Date of incorporation/qualification: 2/24/00 Document number: P00000019495

4. The name and address of the current registered agent and office:

William F. Sullivan, Esq.  
2211 E. Sample Road, Suite 204  
Lighthouse Point, FL 33064

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)

Susan Horovitz Maurer, Esq.  
3600 North Federal Highway, 3<sup>rd</sup> Floor  
Fort Lauderdale, FL 33308

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

C. Frances Caplan President  
(Signature of an officer, chairman or vice chairman of the board)

6/4/01  
(Date)

C. Frances Caplan President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]  
(Signature of Registered Agent)

06.01.01.  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*