## **2008 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Mar 13, 2008 08:00 A Secretary of State DOCUMENT # P00000054821 **ELYSION ESTHETICS, P.A.** Principal Place of Business Mailing Address 700 E MICHIGAN ST 700 E MICHIGAN ST STE A STE A ORLANDO, FL 32806 ORLANDO, FL 32806 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3668167 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JUDGE, MICHAEL R DO NOT WRITE 6247 S HAMPSHIRE CT WINDERMERE, FL 34786 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000857207 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees n3/31/08-80004-021 150.00 10. OFFICERS AND DIRECTORS TITLE JUDGE, KATHLEEN W M.D. NAME STREET ADDRESS 700 E MICHIGAN ST CITY-ST-ZIP ORLANDO, FL 32806 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addra

SIGNATURE:)

TITLE NAME STREET ADDRESS CITY-ST-7IP

LE OF SIGNING OFFICER OR DIRECTOR