


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P00000070255</b>   |  |
| 1. Entity Name<br><b>THE CENTER FOR HUMAN APPEARANCE OF PALM BEACH, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>5210 LINTON BLVD.<br/>SUITE 307<br/>DELRAY BEACH, FL 33484</b> | Mailing Address<br><b>5210 LINTON BLVD.<br/>SUITE 307<br/>DELRAY BEACH, FL 33484</b> |
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>02-0535802</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>TOBIN &amp; REYES, P.A.<br/>7251 WEST PALMETTO PARK ROAD<br/>SUITE 205<br/>BOCA RATON, FL 33433</b> |  |
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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 register.

|  |            |
|--|------------|
| SIGNATURE _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> | DATE _____ |
|--|------------|

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>PLOTKIN, ADAM S<br/>5210 LINTON BLVD. SUITE 307<br/>DELRAY BEACH, FL 33484</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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01/24/05-80062-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 address, with all other like empowered.

|  |  |
|--|--|
| SIGNATURE:  | <b>Adam S. Plotkin, M.D. 56-499-0660</b><br>1/18/05 Date President |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |  |