

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000077478

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

Entity Name: MANHATTAN PLASTIC SURGERY CENTER, P.A.

**Current Principal Place of Business:**

6280 SUNSET DRIVE  
SUITE 408  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6280 SUNSET DRIVE  
SUITE 408  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 65-1127626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHIFF, BENJAMIN  
1901 HARRISON STREET  
SUITE 200  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SOLER-BAILLO, JOSE M  
Address: 6280 SUNSET DRIVE, SUITE 501  
City-St-Zip: SOUTH MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE M. SOLER-BAILLO

P

04/26/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date