2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 01, 2002 8:00 am Secretary of State 07-17-2002 90135 040 ***150.00

P01000085979 **DOCUMENT#**

2. Principal Place of Business

COSMEDICA, INC. CENTER FOR AESTHETICS AND RECONS TRUCTIVE SURGERY

Principal Place of Business Mailing Address 6629 BOUGANVILLA CRESCENT DR 6829 BOUGANVILLA CRESCENT DR ORLANDO FL 32909 ORLANDO FL 32809

40349

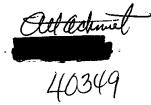


2. Principal	Place of Busin	ness	3. Mailing Address				T SAMENTALE REL MOTION FROM MANY MANY MANY MANULANTE SAYAL SAYAN PANTA NORTH PARTY (DEN)					
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			1	DO NOT WRITE IN THIS SPACE					
City & Sta	te		City & State				FEI Number 59-374	1741	0	Applied For	_	
Zip Country			Zip Country		try		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent							
ADADITO	RICHARD				-Name					 , ,,		
		0050051#F DD	Street Address ((P.O. E	P.O. Box Number is Not Acceptable)					
6629 BOUGANVILLA CRESCENT DR							<u> </u>				_	
URLANDO) FL 32809		e server server	-	🖛 ·		بعاديا ماليكي العقيوس	5- G-		~ . · .:		
w.				City				FL	Zip	Code	7	
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											pt	
the obligations of registered agent.												
SIGNATURE												
Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Tax filing		ble to satisfy its Intangible and elects to do so.	FILE NOW!! After September 13, Make Check Payab	ee will be \$750		Election Campaign Fina Trust Fund Contribution.		\$	5.00 May B	8		
11. OFFICERS AND DIRECTORS						ADI	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 11	┪	
TITLE	D	D Delste		TITLE					☐ Chan	ge Addit		
NAME ARABITG, RICHARD											3	
STREET ADORESS	GANVILLA CRESCENT I	DR	STREET ADDRESS							8		
CITY-ST-ZIP ORLANDO FL 32809				CITY-	ST - ZIP						S S CR2E034 (4/02)	
TITLE			☐ Delete	TITLE					☐ Chan	ge 🔲 Additi	on 5	
NAME				NAME	1		•					
STREET ADDRESS				STREET								
CITY-ST-ZIP				CITY-	ST-ZIP						-	
TITLE			☐ Oelete	TITLE				,	☐ Chang	pe 🗌 Additio	эn	
NAME			ي ده و د خو دسي ۱۰۰۰ د	NAME			·				- -	
STREET ADDRESS		,			T ADDRESS				,-			
CITY-ST-ZIP				CITY	ST-ZIP							
TITLE			☐ Delete	TITLE					Chang	ge Additi	on	
NAME			And the Control of th	NAME	ļ							
STREET ADDRESS					ADDRESS						1	
CITY-ST-ZIP				CITY-S	ST- ZIP							
TITLE			Delete	ITTLE	1				☐ Chang	ge 🔲 Additi	on	
NAME				NAME	l						-	
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP				CITY-S	T-ZIP							
TITLE			Delete	TITLE	İ				☐ Chang	e 🔲 Additio	ח	
NAME				NAME								
STREET ADDRESS CITY-ST-ZIP					ADDRESS							
M11-91-47	•			CITY-S	1-ZP						i i	

13. 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _

SIGNATURE REQU



COSMEDICA, INC CENTER FOR AESTHETICS AND RECONSTRUCTIVE SURGERY 8940 CONROY-WINDERMERE ROAD ORLANDO, FLORIDA 32835

PHONE 407-876 9515

FAX 407-876-9515

Florida Department of State
Division of Corporations
PO Box 6327,
Tallahassee, Florida, 32314

Gentlemen:

We are enclosing Check No. 3197 in the amount of \$150.00 for payment of our Corporation UBR Report of Cosmedica, Inc., document no. P01000085979

As per our telephone call of this morning, we did not receive the UBR Report first notice at the current and permanent business address shown in our letterhead. The failure to receive the first notice caused the increase in fees requested in your second notice for a total fee of \$550.00. The address shown on your second notice is incorrect and must updated.

Please, verify your file and correct our business address to avoid any future miscommunication.

We appreciate your assistance in this matter

-Sincerely-

RICHARD ARABITG, MD