

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90239 008 ***150.00

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1. Entity Name
COSMEDICA, INC. CENTER FOR AESTHETICS AND RECONSTRUCTIVE SURGERY



Principal Place of Business
**6629 BOUGANVILLE CRESCENT DR
ORLANDO FL 32809**

Mailing Address
**6629 BOUGANVILLE CRESCENT DR
ORLANDO FL 32809**

20007842



2. Principal Place of Business
COSMEDICA

3. Mailing Address
8940 CONROY-WINDERMERE ROAD

Suite, Apt. #, etc.
8940 CONROY-WINDERMERE ROAD

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

4. FEI Number
59-3347410

Applied For
Not Applicable

Zip
32835

Country
U.S.A.

Zip
32835

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**-ARABITG, RICHARD
6629 BOUGANVILLE CRESCENT DR
ORLANDO FL 32809**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **Richard Arabitg, M.D. (President)**

1/13/02
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **ARABITG, RICHARD**
STREET ADDRESS **6629 BOUGANVILLE CRESCENT DR**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **P (President)**
NAME **ARABITG, Richard**
STREET ADDRESS **8940 CONROY-WINDERMERE ROAD**
CITY-ST-ZIP **ORLANDO, FL 32835**

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12. 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 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: **SIGNATURE RICHARD ARABITG, M.D.**

1/13/03

Date Daytime Phone #

CR2E034 (10/02)