


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000004706	
1. Entity Name BEVERLY HILLS COSMETIC AND OPHTHALMIC SURGERY CENTER, INC	

FILED

03 APR 15 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200017550543
04/30/03--01032--030 **150.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 775B WALLACE ROAD Suite, Apt. #, etc. D	3. Mailing Address 435 N. ROXBURY DRIVE Suite, Apt. #, etc. 400
City & State ORLANDO, FL	City & State BEVERLY HILLS, CA
Zip 32819 Country USA	Zip 90210 Country USA

4. FEI Number 04-3585978	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Spiegel & Utrera, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
	City MIAMI	FL Zip Code 33145

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRABIN MISHRA, MD, PH.D. 435 N. ROXBURY DR. # 400 BEVERLY HILLS, CA 90210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Prishra, MD. (PRABIN MISHRA, MD), President.** 04-07-2003 310-247 0280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)