

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90053 036 ***150.00

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|--|---|--|---|--|--|
| DOCUMENT # P03000000470 | | | | | |
| 1. Entity Name AZUL COSMETIC SURGERY AND MEDICAL SPA, P.A. | | | | | |
| Principal Place of Business 12640 CREEKSIDE LANE FT. MYERS, FL 33919 | | | Mailing Address 12640 CREEKSIDE LANE FT. MYERS, FL 33919 | | |
| 2. Principal Place of Business 12600 Creekside Lane | | 3. Mailing Address 12600 Creekside Lane | | | |
| Suite, Apt. #, etc. Suite 7 | | Suite, Apt. #, etc. Suite 7 | | | |
| City & State Ft Myers, FL | | City & State Ft. Myers, FL | | 4. FEI Number 14-1865123 | |
| Zip 33919 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33919 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MINCK, LINDA R 5801 PELICAN BAY BLVD. SUITE 300 NAPLES, FL 34108 | | | 7. Name and Address of New Registered Agent 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 * | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FLAHARTY, PATRICK M MD. 12640 CREEKSIDE LANE FORT MYERS, FL 33919 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Patrick M. Flaherty, MD 12600 Creekside Lane Ste 7 Ft Myers, FL 33919 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FLAHARTY, KRISTEN 12640 CREEKSIDE LANE FORT MYERS, FL 33919 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Kristen Flaherty 12600 Creekside Lane Ste 7 Ft Myers, FL 33919 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |

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02102005 Chg-P CR2E034 (10/03)