

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90121 016 ***150.00

DOCUMENT # P03000080814

1. Entity Name

BIOAESTHETIC HEALTH SYSTEMS, INC.



Principal Place of Business

9231 S.W. 101ST AVENUE
MIAMI FL 33176
US

Mailing Address

9231 S.W. 101ST AVENUE
MIAMI FL 33176
US

24045433



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3300 PGA Blvd

Suite, Apt. #, etc.

Suite 310

City & State

Palm Beach Gardens, FL

Zip 33410

Country USA

3. Mailing Address

3300 PGA Blvd

Suite, Apt. #, etc.

Suite 310

City & State

Palm Beach Gardens, FL

Zip 33410

Country USA

4. FEI Number

16-1677 651

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, CARLOS JR.
9231 S.W. 101ST AVENUE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Same

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

3300 PGA Blvd

Suite 310

City

Palm Beach Gardens

FL

Zip Code

33410

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

Carlos Gonzalez, Jr.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/19/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	GONZALEZ, CARLOS JR.	
STREET ADDRESS	9231 S.W. 101ST AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, CARLOS	
STREET ADDRESS	7435 W. 157TH ST.	
CITY-ST-ZIP	ORLAND PARK IL 60462	
TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, ELVIA	
STREET ADDRESS	7435 W. 157TH ST.	
CITY-ST-ZIP	ORLAND PARK IL 60462	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, MICHELLE	
STREET ADDRESS	9231 S.W. 101ST AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12317 Equine Lane	
STREET ADDRESS	Wellington, FL, 33414	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	74 Uno Largo Drive	
STREET ADDRESS	Juno Beach FL 33408	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	74 Uno Largo Drive	
STREET ADDRESS	Juno Beach, FL 33408	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12317 Equine Drive	
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Carlos Gonzalez, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #