

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000080814

1. Entity Name
BIOAESTHETIC HEALTH SYSTEMS, INC.



Principal Place of Business

3300 PGA BLVD
SUITE 310
PALM BEACH GARDENS, FL 33410 US

Mailing Address

3300 PGA BLVD
SUITE 310
PALM BEACH GARDENS, FL 33410 US



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1677651

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.
3300 PGA BLVD
SUITE 310
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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. ☐

**\$5.00 May Be
Added to Fees**

1100000205419
01/31/05-80045-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GONZALEZ, CARLOS JR.
STREET ADDRESS	12317 EGUINE LANE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	GONZALEZ, CARLOS
STREET ADDRESS	74 UNO LARGO DRIVE
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	T
NAME	GONZALEZ, ELVIA
STREET ADDRESS	74 UNO LARGO DRIVE
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	S
NAME	GONZALEZ, MICHELLE
STREET ADDRESS	12317 EGUINE DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Carlos Gonzalez, V. Pres. 1/26/05 561-624-5347

Date

Daytime Phone #