

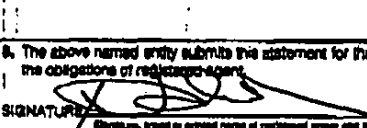
Apr. 26. 2005 12:09PM

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/2

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90254 039 ***150.00

DOCUMENT # P04000069675			
1. Entity Name COSMETIC SURGERY CONNECTION MANAGEMENT, INC.			
Principal Place of Business 1387 SW 18TH ST. BOCA RATON, FL 33486		Mailing Address 1387 SW 18TH ST. BOCA RATON, FL 33486	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-1913973		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAL INFORMATION SERVICES, INC. 2600 WESTON RD. STE. 404 WESTON, FL 33331		7. Name and Address of New Registered Agent Name John Nord Street Address (P.O. Box Number is Not Acceptable) 1387 SW 18th Street City Boca Raton FL 33486	
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 registration agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		DATE _____ (Printed Registered Agent signature required when registering)	
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 Fee	
10. OFFICERS AND DIRECTORS			
TITLE	D	☐ Delete	
NAME	NORD, JOHN S		
STREET ADDRESS	1387 SW 18TH ST.		
CITY-ST-ZIP	BOCA RATON, FL 33486		
TITLE	D	☐ Delete	
NAME	BALLARD, RICHARD D		
STREET ADDRESS	1387 SW 18TH ST.		
CITY-ST-ZIP	BOCA RATON, FL 33486		
TITLE	D	☐ Delete	
NAME	JAHNKE, TERESA M		
STREET ADDRESS	1387 SW 18TH ST.		
CITY-ST-ZIP	BOCA RATON, FL 33486		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ 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)(c), 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: 		Date _____ Daytime Phone # _____	

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04262008 Chg-P CR2E034 (10/02)