Apr-26-2005 12:09PM

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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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	Mailing Address
1387 SW 18TH ST. BOCA RATON, FL 33486	1387 SW 18TH ST. BOCA RATON, FL 33486

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

04262005 Chg-P CR2E034 (10/03)

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 also Acceptable) 1387 SW 18th Street
City Boca Raton FL Zip Code 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 registered agent.

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORD, JOHN S 1387 SW 18TH ST. BOCA RATON, FL 33486 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALLARD, RICHARD D 1387 SW 18TH ST. BOCA RATON, FL 33486 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAHNKE, TERESA M 1387 SW 18TH ST. BOCA RATON, FL 33486 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ Date _____
(SIGNATURE AND TYPED OR PRINTED Name of Signing Officer or Director) Daytime Phone #