

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000137580

FILED
Apr 28, 2008
Secretary of State

Entity Name: POSH LASER INSTITUTE OF AVENTURA, INC

Current Principal Place of Business:

19495 BISCAYNE BLVD
SUITE 200
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19495 BISCAYNE BLVD
SUITE 200
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-5823089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIGERONIMO, ERNEST M
19495 BISCAYNE BLVD
SUITE 200
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DIGERONIMO, ERNEST, M

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DIGERONIMO, ERNEST M MD
Address: 19495 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: CASTRO, FABIO A MD
Address: 19495 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180

Title: DT () Delete
Name: BOSKOVISKI, NIKOLA
Address: 19495 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIGERONIMO, ERNEST, M

Electronic Signature of Signing Officer or Director

DR.

04/28/2008

Date