

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000117284

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** THE BERLIN CENTER FOR MEDICAL AESTHICS INC.

**Current Principal Place of Business:**

10301 HAGEN RANCH ROAD  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

10301 HAGEN RANCH ROAD  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**FEI Number:** 20-1321517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERLIN, H. GARY  
545 N.E. 19TH AVENUE  
DEERFIELD BEACH, FL 33441 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BERLIN, ROSE S  
Address: 545 N.E. 19TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: S  
Name: BERLIN, H. GARY  
Address: 545 N.E. 19TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby 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 all other like empowered.

SIGNATURE: H GARY BERLIN

S

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date