

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000065668 (4)**

1. Corporation Name

**NOSOVSKY & NOSOVSKY MEDICAL SKIN THERAPY CENTER,
INC.**

Principal Place of Business

3575 NE 207 STR
STE B16
AVENTURA FL 33180
US

Mailing Address

3575 NE 207 STR
STE B16
AVENTURA FL 33180
US

2. Principal Place of Business

21 State: **FL**

22 City & State

23 Zip

24

2a. Mailing Address

26 State: **FL**

27 City & State

28 Zip

29

30

9. Name and Address of Current Registered Agent

**NOSOVSKY, GREGORIO
3598 YACHT CLUB DR
STE 1503
AVENTURA FL 33180**

3. Date of Incorporation or Qualification

09/16/1993

3a. Date of Last Report

06/27/1995

4. FEI Number

65-0435106

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.04, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the place named, or both in the State of Florida. Said change was authorized by the corporation's board of directors. The corporation's board of directors hereby accept the appointment as registered agent. I am the duly authorized officer of the corporation and accept the obligations of Sections 607.02(2) and 607.04, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I, the undersigned, certify that the information supplied in this form is true and correct, and that I am duly authorized to execute this report and to make the same effective as it made under

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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregorio Nosovsky
President

Gregorio Nosovsky
President

1/16/96 (305) 682-1154

CR2E034 (12/95)