FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # **P93000077310 (9)**

1. Corporate Name
SHERIDAN HILLS SKIN CARE CLINIC, INC.

Principal Place of Business
4050-C SHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address
4050-C SHERIDAN STREET
HOLLYWOOD FL 33021-3567

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified
11/02/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0451761
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

9. Name and Address of Current Registered Agent
LABINER, PAUL
2424 N. FEDERAL HIGHWAY
SUITE 351
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to Section 607.0502 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

Signature (Registered Agent Signature required for filing) Date

12. OFFICERS AND DIRECTORS

☐ OFFICER
D
SHERMAN, STANLEY
4050-C SHERIDAN ST.
HOLLYWOOD FL 33021

☐ OFFICER

☐ OFFICER

☐ OFFICER

☐ OFFICER

☐ OFFICER

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
☐ Change ☐ Addition

14. If the corporation has applied for 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or a director or officer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with other officers.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 954-961-4050 Telephone #

0129006

CR2E034 (9/96)