


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000086441  
1. Entity Name  
COSMETIC SURGERY CENTER, P.A.



Principal Place of Business 3109 STIRLING ROAD SUITE 100 FORT LAUDERDALE, FL 33312	Mailing Address 3109 STIRLING ROAD SUITE 100 FORT LAUDERDALE, FL 33312
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**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0459599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SINGER, BERNARD A  
4700 SHERIDAN STREET  
SUITE B  
HOLLYWOOD, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000123575  
04/22/04-80010-U1U 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD EDISON, RICHARD B 3109 STIRLING ROAD, SUITE 100 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard B Edison 4/13/04 954-981-3223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #