

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P94000051309 (0)**

95 APR 19 AM 9:14

1. Corporation Name

**FACIAL REJUVENATION INSTITUTE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6280 SUNSET DRIVE  
SUITE 408  
MIAMI FL 33143

Mailing Address

6280 SUNSET DRIVE  
SUITE 408  
MIAMI FL 33143

**300001461933**  
-04/21/95--01017--004  
\*\*\*\*200.00 \*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0508782

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

23 City & State

2b. City & State

6. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

24 Zip

Country

29 Zip

Country

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

9. Name and Address of Current Registered Agent

GELLER, EDMUND A M.D.  
4000 ENSENADA AVENUE  
MIAMI FL 33133

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 the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D  
NAME: GELLER, EDMUND A M.D.  
STREET ADDRESS: 4000 ENSENADA AVE.  
CITY-ST-ZIP: MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D/V.P.  Change  Addition  
1.2 NAME: GELLER, EDMUND A. M.D.  
1.3 STREET ADDRESS: 4000 ENSENADA AVE  
1.4 CITY-ST-ZIP: MIAMI, FL 33133

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

2.1 TITLE:   
2.2 NAME: KELLY, MICHAEL M.D.  Change  Addition  
2.3 STREET ADDRESS: 6280 SUNSET DRIVE SUITE 503  
2.4 CITY-ST-ZIP: SOUTH MIAMI, FL 33143

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

3.1 TITLE: D/T  Change  Addition  
3.2 NAME: HERMAN, BRAD M.D.  
3.3 STREET ADDRESS: 6280 SUNSET DRIVE SUITE 503  
3.4 CITY-ST-ZIP: SOUTH MIAMI, FL 33143

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

4.1 TITLE: D/S  
4.2 NAME: WILSON, PATRICIA  Change  Addition  
4.3 STREET ADDRESS: 6280 SUNSET DRIVE SUITE 408  
4.4 CITY-ST-ZIP: MIAMI, FL 33143

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

5.1 TITLE:   
5.2 NAME:   
5.3 STREET ADDRESS:   
5.4 CITY-ST-ZIP: 4/19/95 MST

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

6.1 TITLE:   
6.2 NAME:   
6.3 STREET ADDRESS:   
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Patricia Wilson*

4-10-95 10635390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature Number