

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000031502 (4)

1. Corporation Name
CLINIQUE OF PLASTIC SURGERY, PALM BEACH, P.A.

Principal Place of Business 2617 N FLAGLER DR., STE. 112 WEST PALM BEACH FL 33407	Mailing Address 2617 N FLAGLER DR., STE. 112 WEST PALM BEACH FL 33407-5543
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2. Principal Place of Business 21 1639 FORUM PLACE Suite, Apt. #, etc. 22 SUITE 7 City & State 23 WEST PALM BEACH, FL Zip 24 33401 Country 25 USA		2a. Mailing Address 26 1639 FORUM PLACE Suite, Apt. #, etc. 27 SUITE 7 City & State 28 WEST PALM BEACH, FL Zip 29 33401 Country 30 USA		3. Date Incorporated or Qualified 04/18/1995	3a. Date of Last Report 05/01/1996
		4. FEI Number 65-0574864		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent STRAPP, ELIZABETH A 2617 N FLAGLER DR., STE. 112 WEST PALM BEACH FL 33407		10. Name and Address of New Registered Agent 81 Name ELIZABETH A. STRAPP 82 Street Address (P.O. Box Number is Not Acceptable) 2617 1639 FORUM PLACE 83 SUITE 7 84 City WEST PALM BEACH FL 85 Zip Code 33401	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE DREHSEN, CHRISTIAN G M.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 2617 N FLAGLER DR., STE. 112		1.2 NAME	
STREET ADDRESS WEST PALM BEACH FL 33407		1.3 STREET ADDRESS 1639 FORUM PLACE, SUITE 7	
CITY-ST-ZIP		1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE STRAPP, ELIZABETH A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 2617 N FLAGLER DR., STE. 112		2.2 NAME	
STREET ADDRESS WEST PALM BEACH FL 33407		2.3 STREET ADDRESS 1639 FORUM PLACE, SUITE 7	
CITY-ST-ZIP		2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth A. Strapp 1/8/97 (56)478-8565 or (813)527-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)