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

**PROFIT** CORPORATION' ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000037797 (4) **DOCUMENT** # 1. Corporation Name

FLORIDA CENTER FOR COSMETIC SURGERY, INC.

915 MIDDLE RIVER DRIVE STE 220

Principal Place of Business

Mailing Address

915 MIDDLE RIVER DRIVE STE 220 FORT LAUDERDALE FL 33304

**FILED** Apr 28 1996 8:00 am Secretary of State



, Principal Plac∈	of Business	<b>⊢</b> -¬	, Mailing Address	<b>`</b> .		3. Date Incorporated or C 05/12/1995 4. FEI Number 65-05			
•	Spine		26 Sine			60-00	<u>,,,,,</u>		Additional
Suite, Apt. #,	etc.		Suite, Apt. #, et	C.		5. Certificate of Status De	esired	<b>~</b>	equired
		27	City & State			6. Election Campaign Fin	ancing -	\$5.00	May Be
City & State		28				Trust Fund Contribution	տ ⊔ <sub></sub>		to Fees
Zip	Country		Zip	Co	untry	8. This corporation has li	ability for intangible	tax under s	199.032,
ΣΨ	25	29			Florida Statutes Yes No  10. Name and Address of New Registered Agent				
	g. Name and Address of	<b>Current Regi</b>	stered Agent		<u> </u>	10. Name and Address	Of New Hegistere	o Agent	
					81 Name				
CLAY, SHERMAN 1401 SO. OCEAN BLVD. STE 1002				82 Street Add	dress (P.Ö. Box Number is Not Acceptable)				
	O BEACH FL 33062				63				
					84 City		E	85 Zip	Code
					<u> </u>	oration submits this statement and of directors. I hereby accep	for the number of	changing its re	egistered offic
familiar with	, and accept the obligations	or section of	7.0000, 1101100 00	0.0.00	ed Agent signature require	oration submits this statement and of directors. I hereby accepted when reinstating:	DATE		
	grature, typod or printed name of regist	tered agent and tille ERS AND DIRE		13		ADDITIONS/CHANGE	S TO OFFICERS A		RS IN 12
·		ENS AND DIN	DELET		TITLE			Change	Addition
LE	PS CLAY, SHERMAN				NAME				
ME REET ADDRESS	1401 SO. OCEAN BLY	/D STE 100	o e	1.3	STREET ADDRESS				
		10. UIL 199							
i i			_	1.4	CITY-ST-ZIP				<b>6-3</b> 1 1 1 2
IY-SI-ZIP	POMPANO BEACH FL		DELET		CITY-ST-ZIP 1 TITLE			Change	Add-tion
TY-ST-ZIP ILE	POMPANO BEACH FL VT			E 2				Change	Addition
IY-SI-ZIP LE IME	POMPANO BEACH FL VT REFKIN, BEVERLY	33062	☐ DELET	E 2	1 TITLE	w.		Change	Addition
TY-ST-ZIP LE .ME REET ADDRESS	POMPANO BEACH FL VT REFKIN, BEVERLY 1401 SO. OCEAN BLY	. 33062 Vd. STE 100	□ DELET	E 2 23 23 24	1 TITLE 2 NAME 3 STREET AODRESS 4 CITY - ST - ZIP	<i>i</i> .			
Y - ST - ZIP LE ME REET ADDRESS IY - ST - ZiP	POMPANO BEACH FL VT REFKIN, BEVERLY	. 33062 Vd. STE 100	☐ DELET	E 2 2 2 2 2 2 2 2 2 5 1 E 3	1 TITLE 2 NAME 3 STREET AODRESS 4 CITY-ST-ZIP 1 TITLE	<i>i</i> .		☐ Change	Addition
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IY-SI-ZIP  LE  MME  REEL ADDRESS  TY-SI-ZIP  LE  MME  INTEL ADDRESS  LIY-SI-ZIP  LE  AME  LIREEL ADDRESS  LIY-SI-ZIP  LILE  AME  LILE  AME  LILE  AME  LILE  AME  LILE  AME  LILE  L	POMPANO BEACH FL VT REFKIN, BEVERLY 1401 SO. OCEAN BLY	. 33062 Vd. STE 100	DELET	TE 2 23 24 16 33 31 31 TE 4. 44 4. 17 16 5 5	1 TITLE P. NAME STREET ADDRESS SI CITY-ST-ZIP TITLE P. NAME SI STREET ADDRESS 4 CITY-ST-ZIP TITLE P. NAME SI STREET ADDRESS 4 CITY-ST-ZIP TITLE P. NAME SI STREET ADDRESS 4 CITY-ST-ZIF FILLE P. NAME SI STREET, ADDRESS SI STREET, ADDRESS	30000 -04/29/9 ***208.7	017981 601045-	☐ Change	Addition Addition
IY-SI-ZIP  LE  MME  REEL ADDRESS  TY-SI-ZIP  LE  MME  INEEL ADDRESS  IY-SI-ZIP  LE  AME  IREEL ADDRESS  IY-SI-ZIP  LILE  AME  LILE  LILE  LILE  AME  LILE  LILE  LILE  AME  LILE  LIL	POMPANO BEACH FL VT REFKIN, BEVERLY 1401 SO. OCEAN BLY	. 33062 Vd. STE 100	DELET  DELET  DELET	TE 2 23 24 25 31 31 31 TE 4 4 4 4 TE 5 5	1 TITLE 2 NAME 2 STREET ADDRESS 3 CITY-S1-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-S1-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-S1-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-S1-ZIF 1 TITLE 2 NAME	30000 -04/29/9 ***208.7	017981 601045- 5	☐ Change	Addition
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