2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P95000066806

1. Entity Name



Apr 04, 2003 8:00 am 8 Secretary of State **FILED**

PLASTIC SURGERY INSTITUTE OF C	ORAL GABLES	S, P.A.						
Principal Place of Business 9420 S.W. 77 AVE.	Mailing Address 9420 S.W. 77 AVE	<u>.</u>						
SUITE 200	SUITE 200					•		
MIAMI FL 33156	MIAM! FL 33156				:	1 60 010 6 00 1 1 000 1000	1181 181 181	
US	US							
2. Principal Place of Business	3. Mailing Address	S				 	D ()	
Suite, Apt. #, etc. Suite, Apt. #, etc.		C.			CHECK HERE IF MAKING CHANGES			
City & State	City & State	City & State			FEI Number 65-0609905		oplied For ot Applicable	}
Zip Country	Zip.	Co	ountry	5.	Certificate of Status Desired	\$8.75 Add Fee Require		_
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
			Name					
FRESHMAN, JERALD A 9130 S. DADELAND BLVD.			Street Add	dress (P.O.	Box Number is Not Acceptable)			
SUITE 1701 TWO DATRAN CENTER								
MIAMI FL 33156			City			FL Zip Cod	e	
The above named entity submits this statement for the obligations of registered agent.	the purpose of chan-	ging its registe	ered office or re	egistered a	gent, or both, in the State of Florida.	I am familiar with,	and accept	1
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SIGNATURE	nd title if applicable.	(NOTE: Registe	ered Agent signature	required when	reinstating)	DATE		
SIGNATURE Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00		(NOTE: Registe	ered Agent signature	required when	reinstating) 9. Election Campaign Financir Trust Fund Contribution.	ng \$5.0	0 May Be	
SIGNATURE Signature, typed or printed name of registered agent a		(NOTE: Registe	ered Agent signature	required when	9. Election Campaign Financir	ng \$5.0	May Be	
SIGNATURE Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of 10. OFFICERS AND	State		ered Agent signature		9. Election Campaign Financir	ng \$5.0 □ Added	to Fees	
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12. I hereby certify that the information supplied with this fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowere changed, or on an attachment with an address, with a like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-1-03

(305) - 271 - 7446

☐ Change

☐ Addition

Daytime Phone #