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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000058027 (9) DOCUMENT #
1. Corporation Name

FOUNDATION FOR HAIR RESTORATION, INC.

Principal Place of Business Mailing Address 6290 SUNSET DRIVE 6280 SUNSET DRIVE MIAMI FL 33143 MIAMI FL 33143 DO NOT WRITE IN THIS SPACE ЦŜ US 3. Date Incorporated or Qualified 07/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0669045 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Country Zip Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. □ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EPSTEIN, JEFFREY S M.D. 6280 SUNSET DRIVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 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 Registored Agent a gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE EPSTEIN, JEFFREY S M.D. NAME 1.2 NAME 6280 SUNSET DRIVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-7IP

14. Thereby 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 managed over in an attachment with an address.

SIGNATURE

Julking Broken Amer/ Bradet /29/00

FILED

Feb 04 1998 8:00am

Secretary of State