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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000076331**1. Corporation Name

INSTITUTE OF AESTHETIC SURGERY, PROFESSIONAL ASS **OCIATION**

OCIATIO	N										
Principal Place	of Business	Ma	ailing Address					1901/931 10 10410 02111 PDIST		18818 61188 11188	***************************************
400 CELEBRATION PLACE			400 CELEBRATION PLACE								
A-310			A-310					DO NOT WRITE IN THIS SPACE			
CELEBRATION FL 34747 CELEBRATION FL 34747							3	3. Date Incorporated or Qualifed			
								09/12/1996	•		Ì
2 Daineire I Di	ace of Business	22	Mailing Address			<u> </u>		FEI Number		Apr	plied For
-	ace of Busiless	26	Ividining Address					59-3404321			t Applicable
21 Suite Apt 1	# etc	20	Suite, Apt. #, etc.						~	\$8.75 A	
Suite, Apt. #, etc.			27				5.	Certificate of Status Desired		Fee Re	t
City & State			City & State				6.	Election Campaign Financing		\$5.00	May Be
23	•	28					l l	Trust Fund Contribution		Added to	
Zip	Country		Zip	Cou	untry	-	8.	This corporation owes the cu	rrent year int	tangible	
24	25	29		30				Personal Property Tax.	-	Yes	□No
	9. Name and Address of Cu		tered Agent				10.	Name and Address of New	Registered	Agent	
					81	Name		 :			
KAY,	, Christopher K				82	Street A	Address (D	.O. Box Number is Not Accep	table)	_	
390 N ORANGE AVE, SUITE 600					02	Sueera	nuuless (F	.O. Box Number is Not Accep	nubic)		
ORL	ANDO FL 32801				83						
										85 Zip C	`ode
					84	City			FL	_ 85 ZIP C	,oue
11. Pursuant t	to the provisions of Sections 607	.0502 and 6	07.1508, Florida Statute	es, the a	above	e-named c	corporation	submits this statement for th	e purpose of	changing its	registered
office or re	to the provisions of Sections 607 egistered agent, or both, in the Si m familiar with, and accept the ot	tate of Floric	ia. Such change was a	uthorize	a by	me corbo	ration's bo	oard of directors. I hereby acc	ept the appo	intment as reg	gistered
ayent, rai	in samiliar with, and accept the or	ongations on	, 00000, 110	,,,,,,		•					í
											ì
SIGNATURE	Signature, typed or printed name of registered	d agent and title	if applicable (NOTE	: Registere	d Agen	nt signature re	equired when re		DATE		
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	d agent and title S AND DIRE		Registere		nt signature re		einstating) ADDITIONS/CHANGES TO C			
				13.		nt signature re				ND DIRECTO	RS IN 12
12.	OFFICERS		CTORS	13. 1.1 T		nt signature rea					
12.	OFFICERS PTD	S AND DIRE	CTORS DELETE	13. 1.1 T 1.2 N	TITLE	nt signature re					
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14. I 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 change it, or on an attachment with any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP