

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90012 033 ***150.00

DOCUMENT # P96000092615

1. Entity Name
HAIR TRANSPLANT INSTITUTE OF MIAMI, INC.



Principal Place of Business
**4425 PONCE DE LEON BLVD.
STE. 230
CORAL GABLES, FL 33146**

Mailing Address
**4425 PONCE DE LEON BLVD.
STE. 230
CORAL GABLES, FL 33146**

JUUU2818



01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0842008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NUSBAUM, BERNARD
7867 N KENDALL DR 2ND FLOOR
MIAMI, FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NUSBAUM, BERNARD P M.D.**
STREET ADDRESS **7867 N. KENDALL DRIVE**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Change ☐ Addition
NAME **P NUSBAUM BERNARD P. M.D.**
STREET ADDRESS **4425 PONCE DE LEON BLVD STE 230**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

Date

3054489100

Daytime Phone #