

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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


04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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

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, 2006 Fee will be \$550.00

 9. Election Campaign Financing
Trust Fund Contribution. ☐
\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE	
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05/15/06-80013-024 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/27/06 305-448-9100