

P97000017754

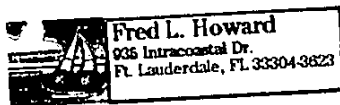
Requester's Name

Address

#

Office Use Only

CORP



MENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #) **800002221768--3**
2. _____ (Corporation Name) (Document #) **-06/24/97--01086--009**
*******35.00 *****35.00**
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

57 JUN 23 1997
 11/17/97
 11/17/97
 11/17/97

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

P97000017754
RA 6/23/97
3248
6-23-97

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 10, 1997

A NEW YOU COSMETIC SURGERY CENTER, INC.
935 INTRACOASTAL DRIVE
FORT LAUDERDALE, FL 33304

SUBJECT: A NEW YOU COSMETIC SURGERY CENTER, INC.
Ref. Number: P97000017754

Our records indicate the registered agent for the above named corporation resigned on May 30, 1997 and that the corporation currently does not have a registered agent designated.

Chapter 607, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is registered agent designation application for you to complete and return with a filing fee of \$35.

If you should need any further information, please contact our office at (904)-487-6050.

Carol Mustain
Corporate Specialist

RECEIVED
97 JUN 19 PM 2:12
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: A New You Cosmetic Surgery Center, Inc.

2. The mailing address of the corporation is: 935 Intracoastal Drive
At Lauderdale, Florida, 33304

3. Date of incorporation/qualification: 2-25-97 Document number: P97000017754

4. The name and address of the current registered agent and office:

Fred L. Howard / Diana Ross
935 Intracoastal Drive 5200 NE 14th way
At Lauderdale, Florida 33304 303
At Lauderdale, Fla
33334

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Fred L Howard
935 Intracoastal Drive
At Lauderdale, Fla, 33304

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Fred L Howard, President 6-13-97
(Signature of an officer, chairman or vice chairman of the board) (Date)

Fred L Howard, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Fred L Howard 6-13-97
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)