

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90003 023 \*\*\*150.00

**DOCUMENT # P97000045034**

1. Entity Name

**HAIR TRANSPLANTATION MANAGEMENT, INC.**

Principal Place of Business      Mailing Address  
~~1360 SOUTH OCEAN BLVD, SUITE 1907~~      ~~1360 SOUTH OCEAN BLVD, SUITE 1907~~  
~~POMPANO BEACH FL 33062~~      ~~POMPANO BEACH FL 33062-7147~~

*NEW ADDRESS*

2. Principal Place of Business      3. Mailing Address  
*1221 OCEAN DUNES CIR*      *1221 OCEAN DUNES CIR*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*JUPITER, FL 33477*      *JUPITER, FL*  
 City & State      City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0756923**      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

**MERLING, GEORGE P**  
**1360 SOUTH OCEAN BLVD,**  
**POMPANO BEACH FL 33062**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MERLING, GEORGE P</b> <del>1360 S OCEAN BLVD, #1907</del> <del>POMPANO BEACH FL 33062</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RISER, CAROLE A</b> <del>1360 S OCEAN BLVD, #1907</del> <del>POMPANO BEACH FL 33062</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MERLING GEORGE P. <i>President</i></b> <del>1221 OCEAN DUNES CIRCLE</del> <del>JUPITER, FL 33477</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RISER, CAROLE A <i>VP</i></b> <del>1900 S. OCEAN BLVD #106</del> <del>POMPANO BEACH, FL 33062</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George P. Merling*      Date: *Mar 3, 2000*      Daytime Phone #: *561-644-9421*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR21 014 (9/98)

*ON FILE 1410 LMB02*