

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90043 001 ***150.00

DOCUMENT # P97000045034

1. Entity Name

HAIR TRANSPLANTATION MANAGEMENT, INC.

Principal Place of Business 1221 OCEAN DUNES CIR JUPITER FL 33477 US	Mailing Address 1221 OCEAN DUNES CIR JUPITER FL 33477 US
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2. Principal Place of Business P.O. Box 541900 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 541900 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Lake Worth, FL	City & State Lake Worth, FL	4. FEI Number 65-0756923	Applied For <input type="checkbox"/>
Zip 33454-1900	Country PB	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MERLING, GEORGE P 1366 SOUTH OCEAN BLVD. POMPANO BEACH FL 33062	7. Name and Address of New Registered Agent Name CAROLE A. RISER Street Address (P.O. Box Number is Not Acceptable) 1900 S. OCEAN BLVD #10G City Pompano Beach FL Zip Code 33062
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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 *George P. Maloy* *Carole A. Riser* *VP*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE *April 4, 2001*

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, 2001 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	P MERLING, GEORGE P 1366 S OCEAN BLVD, #1907 POMPANO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 541900 Lake Worth, FL 3354-1900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RISER, CAROLE A 1366 S OCEAN BLVD, #1907 POMPANO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1900 S. OCEAN BLVD #10G Pompano Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERLING, GEORGE P 1221 OCEAN DUNES CIRCLE JUPITER FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 541900 Lake Worth, FL 3354-1900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RISER, CAROLE A 1900 S. OCEAN BLVD #10G POMPANO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1900 S. OCEAN BLVD #10G Pompano Beach, FL 33062
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. Maloy* *Carole A. Riser* *VP* *April 4, 2001* *561-309-2742*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)