2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P97000073871** Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** AESTHETIC COSMETICS SURGERY CENTER, INC. 03-31-2000 90008 048 ***150.00 Mailing Address Principal Place of Business 598 STRETHAUS AVENUE 598 STRETHAUS AVENUE ORMOND BEACH FL 32174 ORMOND BEACH FL 32174-5128 2. Principal Place of Business 3. Mailing Address P.O. BOX DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-3482562 Not Applicable \$8.75 Additional Zip Country Count 5.-Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARIKH, MADHU Street Address (P.O. Box Number is Not Acceptable) 598 STRETHAUS AVE. **ORMOND BEACH FL 32174** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change ☐ Delete TITLE TITLE PARIKH, MADHU NAME NAME STREET ADDRESS STREET ADDRESS **598 STRETHAUS AVENUE** CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP -☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete THTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receive 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 attach ent with an address, with all other