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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000106416 (5) DOCUMENT

INSTITUTE OF COSMETIC SURGERY, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 935 INTRACOASTAL DRIVE 935 INTRACOASTAL DRIVE FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1997 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For - oro 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current/year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILINGS, INC. 3732 N.W. 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311-4132 83 City 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and trile if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE ☐ Change Addition TITLE 1.1 TITLE SCHREIBSTEIN, SIDNEY NAME 1.2 NAME 935 INTRACOASTAL DRIVE STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33304 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SCHREIBSTEIN, ROBERTA NAME 2.2 NAME 935 INTRACOASTAL DRIVE STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 33304 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change 3.1 TITLE Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITL€ NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE ☐ Change ___ Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with 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 annual report or supplemental annual 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 rustee empowered to execute this seport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an oddress,

2/2/60