## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800003801

RENAISSANCE PLASTIC SURGERY CENTERS, INC.

Principal Place	e of Business	Mailing Address			4 Sections the 1936 table series agest agest agest	. 94142 iilgi (81); B	e. 91 1191 1881
162 NW 98 LANE		162 NW 98 LANE					
		CORAL SPRINGS FL 33071	ORAL SPRINGS FL 33071		DO NOT WRITE IN THE	C CDACE	
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	3 SPACE	
					01/12/1998		
5 Owinshad Di	loop of Business	2a. Mailing Address		<u></u>	4. FE Number 6 1 3 C 1	Apr	olied For
2. Principal Place of Business		<u> </u>		17.5-0806254	<u> </u>	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	\$8.75 A		
· · ·		27		5. Certifcate of Status Desired	Fee Rec		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to	-	
Zip	Country	Zip Country		8. This corporation owes the current year In	ntangible		
24	25	29 30			Personal Property Tax.	Yes	X No
	9. Name and Address of Current				10. Name and Address of New Registered	d Agent	
			81	Name			
Wagner, Barry			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	<del></del>	
	NW 98 LANE		"	Ou do nadi	555 (1.5. Box 14.1156) 15 1161 1555 1557		
COR	AL SPRINGS FL 33071		83	<del></del>			
			84	City		85 Zip C	ode
i			٠,	City	Fi	L	
office or n agent. I a *SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autho ons of, Section 607.0505, Florida	Statutes	the corporation.	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the p	oiniment as reg	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		RS IN 12 Addition
TITLË	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME ,	WAGNER, BARRY		1.2 NAME				
STREET ADDRESS	162 NW 98 LANE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-S	T- ZIP		Channa	Addition
TITLE	DELETE 2.11		2.1 TITLE			☐ Change	☐ Addition
NAME		1	2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP		Change	( Addition
TITLE	<b>_</b>		3.1 TITLE	ľ		Change	
-NAME	The second secon		3.2 NAME		· - · - · - · - ·		
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY- 5	ST-ZIP		Change	☐ Addition
TITLE !	<b>_</b>		4.1 TITLE			Change :	
NAME			4. 2 NAME			•	
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			□ Addiliz=
TITLE	· .	☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	T.400005		•	
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			T Addition
ππLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	,		6.2 NAME				•

14. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90027 024 \*\*\*150.00