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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000036068 1. Corporation Name

JACKSONVILLE AESTHETICS, P.A., CENTER FOR AESTHE TIC & LASER SURGERY

TIC & LASER SURGERY								
Principal Place	e of Business	Mailing Address						
4221 SOUTHPOI	INT PKWY	4221 SOUTHPOINT PKWY						
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216				DO NOT WRI	TE IN THIS	SPACE		
					3. Date Incorporated or Qualifed	16 11 11113	OFACE	
					04/16/1998			
0 0000000000000000000000000000000000000	lana of Business	2a, Mailing Address			4. FEI Number		117	Applied For
- -	lace of Business	<u> </u>			59 350544	17		ot Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.						Additional
	#, 6tc.	27			Certificate of Status Desired	×		Required
22 City & State		City & State			6. Election Campaign Financing		\$5.0	May Be
_ `	•	28			Trust Fund Contribution			to Fees
23 Zip	Country	Zip	Country		8. This corporation owes the curr	ent vear Inta	naible	
24	25	29 3	_ ´		Personal Property Tax.		∑ Yes	□No
24	9. Name and Address of Curre		· ·		10. Name and Address of New F	Registered A	Agent	
	5. (14.11)		81	Name			•	
TERK	(ONDA, SARVAM P			0	I G G D N has in Not Account	able)		
4221 SOUTHPOINT PKWY			82	Street Add	dress (P.O. Box Number is Not Accepta	sole)		
JACK	(SONVILLE FL 32216		83					
			Ш					
			84	City		FL	85 Zi	Code
	to the provinions of Sections 607.05	02 and 607.1508, Florida Statutes	the above	named cor	possion automite this statement for the	purpose of	changing i	ts registered
office or n	registered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was auti	norizea by	tne corporat	tion's board of directors. I hereby accep	ot the appoin	ntment as	registered
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut lations of, Section 607.0505, Florid	norized by la Statutes.	tne corporat	non's board of directors. Thereby accep	л те арроп	itment as	registered
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig- Signature, typed or printed name of registered ag-	e of Florida. Such change was autiliations of, Section 607.0505, Florid ent and title if applicable. (NOTE: R	norized by la Statutes.	tne corporat	red when reinstating)	DATE	ilineiit as	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CR2E034 (11/98)