

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075428

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** MIAMI BEACH COSMETIC AND PLASTIC SURGERY CENTER, INC.

**Current Principal Place of Business:**

400 ARTHUR GODFREY ROAD #305  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

400 ARTHUR GODFREY ROAD #305  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 65-0889308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KESHEN, NELSON C ESQ.  
9130 SOUTH DADELAND BOULEVARD  
SUITE 1511  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JACOBS, BARUCH  
Address: 400 ARTHUR GODFREY RD #305  
City-St-Zip: MIAMI BCH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARUCH JACOBS

D

07/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date