

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90052 006 ***150.00

DOCUMENT # P99000005383

1. Entity Name
PREMIERE CENTERS FOR COSMETIC SURGERY, INC.



Principal Place of Business
2665 EXECUTIVE PARK DR
WESTON, FL 33331

Mailing Address
2665 EXECUTIVE PARK DR
WESTON, FL 33331

24056345



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0899355

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEARL, MARC
2665 EXECUTIVE PARK DR
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEARL, MARC H
STREET ADDRESS	3370 MARY STREET
CITY - ST - ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	PEARL, MICHAEL O M.D.
STREET ADDRESS	3370 MARY STREET
CITY - ST - ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	TRAGASH, TODD
STREET ADDRESS	3370 MARY STREET
CITY - ST - ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-387-3779