O UNIFORM BUSINESS REPARTS(UBR) FILED DOCUMENT # P99000041867 Jun 29, 2000 8:00 am Secretary of State 1. Entity Name AESTHE-DERM, INC. 05-16-2000 90168 040 ***150.00 Principal Place of Business Mailing Address P. O. BOX 2662 P. O. BOX 2662 SARASOTA FL 34230 SARASOTA FL 34230-2662 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FELHUMBER 0925/20 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANSON, TIÁ **503 SPOONBILL WAY** SARASOTA FL 34236 City SA/RASUTA 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. SIGNATURE (NOTE: Registered Agent alignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Addition PRESIDENT / TITLE ☐ Delete SOPHIA M. DANSON 503 SPOODD I'L WAY TIA DANSON 2518 TULIP STREET NAME NAME STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236-1821 SALASTTA, FL 34227 CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Change TITLE ☐ Delete TITLE THOMAS E DANSON, UR. NAME NAME STREET ADDRESS STREET ADDRESS 5ARASOTA, FC 34236.1821 CITY-ST-7P CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.3. CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete $\mathbf{m} \varepsilon$ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Change ☐ Detete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles E. Alen Total

BIGHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

THOMAS E. D. D. A. B. D. B

4/18/00 941-955-65

Daytime Phone #