

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V45464** (7)

1. Corporation Name

**CENTER FOR COSMETIC SURGERY, INC.**



Principal Place of Business

**915 MIDDLE RIVER DR.  
SUITE 221  
FORT LAUDERDALE FL 33134**

Mailing Address

**PAUL S. GLASSMAN DO  
3097 NE 163 ST  
NORTH MIAMI BCH FL 33160**

2. Principal Place of Business

2a. Mailing Address

21

26

**Fred L. Howard**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

**915 Middle River Dr. #221**

City & State

City & State

23

28

**Ft. Lauderdale, FL**

Zip

Country

Zip

Country

24

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29

**33304**

30

**U.S.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/23/1992**

3a. Date of Last Report

**10/05/1995**

4. FEI Number

**65-0346703**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**GLASSMAN, PAUL S D.O.  
3097 NE 163 ST  
NORTH MIAMI BCH FL 33160**

81 Name

**Fred L. Howard**

82 Street Address (P.O. Box Number is Not Acceptable)

**915 Middle River Dr. #221**

83

**Ft. Lauderdale, FL**

84 City

**FL**

85 Zip Code

**33304**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

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

**Fred L. Howard**

(NOTE: Registered Agent's signature required when not in office)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GLASSMAN, PAUL S.	
STREET ADDRESS	3097 N.E. 163 ST.	
CITY- ST- ZIP	MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, FRED L	
STREET ADDRESS	915 MIDDLE RIVER DRIVE #221	
CITY- ST- ZIP	FT6 LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President-VP-S-Tr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fred L. Howard	
1.3 STREET ADDRESS	915 Middle River Dr. #221	
1.4 CITY- ST- ZIP	Ft. Lauderdale, FL. 33304	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Fred L. Howard**

Date

**305-565-7575**  
Display Phone #

CR2E034 (12/95)