

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

07-05-2001 90002 030 ***150.00
 08-01-2001 90194 049 ***400.00

80061352



DO NOT WRITE IN THIS SPACE

DOCUMENT # 671820					
1. Entity Name CENTER FOR PLASTIC AND RECONSTRUCTIVE SURGERY A					
Principal Place of Business 2501 N. ORANGE AVE., SUITE 310 ORLANDO FL 32804			Mailing Address 2501 N. ORANGE AVE., SUITE 310 ORLANDO FL 32804		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1999785	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PETERS, CALVIN R., M.D. 2501 N. ORANGE AVE., SUITE 310 ORLANDO FL 32804			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 signature required when reinstating) _____ DATE _____					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERS, CALVIN R, M.D. 2501 N. ORANGE AVE #310 ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Calvin R. Peters</i>		Calvin R. Peters, M.D.		6/26/01 (407) 8981436	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (10/00)