

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 671820
 1. Entity Name
CENTER FOR PLASTIC AND RECONSTRUCTIVE SURGERY A PROFESSIONAL ASSOCIATION



Principal Place of Business
**2501 N. ORANGE AVE., SUITE 310
 ORLANDO, FL 32804**

Mailing Address
**2501 N. ORANGE AVE., SUITE 310
 ORLANDO, FL 32804**



DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1999785 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERS, CALVIN R., M.D.
 2501 N. ORANGE AVE., SUITE 310
 ORLANDO, FL 32804**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | PD |
| NAME | PETERS, CALVIN R, M.D. |
| STREET ADDRESS | 2501 N. ORANGE AVE #310 |
| CITY - ST - ZIP | ORLANDO, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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 04/23/04-80046-018 150.00

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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: *Calvin R. Peters* Date: *4/21/04* Daytime Phone #: *(407) 898-1836*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR