


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90145 028 ***150.00

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		
2. Principal Place of Business 2501 N. ORANGE AVE. Suite, Apt. #, etc. STE. 442		3. Mailing Address 2501 N. ORANGE AVE. Suite, Apt. #, etc. STE. 442		03012005 Chg-P CR2E034 (10/03)	
City & State ORLANDO FL		City & State ORLANDO, FL			
Zip 32804		Country ORANGE		4. FEI Number 59-1999785	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$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			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. 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 #910 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	
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	
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	
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	
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	
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: <i>Calvin R. Peters</i>		Date: 3/4/05		Daytime Phone #: 407 898-1436	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	