

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90015 002 \*\*\*150.00

<b>DOCUMENT # 671820</b>					
1. Entity Name <b>CENTER FOR PLASTIC AND RECONSTRUCTIVE SURGERY A PROFESSIONAL ASSOCIATION</b>					
Principal Place of Business 2501 N. ORANGE AVE., <del>SUITE 310</del> STE 442 ORLANDO, FL 32804			Mailing Address 2501 N. ORANGE AVE., <del>SUITE 310</del> STE 442 ORLANDO, FL 32804		
2. Principal Place of Business 2501 N. Orange Ave Suite, Apt. #, etc. Suite 442 City & State Orlando, FL Zip 32804 Country Orange		3. Mailing Address 2501 N orange Ave Suite, Apt. #, etc. Suite 442 City & State Orlando, FL Zip 32804 Country Orange			
4. FEI Number 59-1999785				Applied For <input type="checkbox"/> 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 <del>310</del> 442 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		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 <del>#310</del> # 442 ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 03/14/06		Daytime Phone #: 407-898-1436
Calvin R. Peters, M.D.					