


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90012 015 ***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 442 ORLANDO, FL 32804	Mailing Address 2501 N. ORANGE AVE. SUITE 442 ORLANDO, FL 32804
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40022812



02142007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1999785	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PETERS, CALVIN R., M.D.
 2501 N. ORANGE AVE., SUITE ~~10~~
 ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name Peters, Calvin R., M.D.
 Street Address (P.O. Box Number is Not Acceptable)
2501 N. Orange Avenue, Suite 442
 City Orlando FL Zip Code 32804

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: *Calvin R. Peters*

(NOTE: Registered Agent signature required when reinstating)

02/14/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETERS, CALVIN R, M.D. 2501 N ORANGE AVE #442 ORLANDO, FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Calvin R. Peters*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/07

401-898-1436

Date Daytime Phone #