

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 671820

FILED
Apr 03, 2009
Secretary of State

Entity Name: CENTER FOR PLASTIC AND RECONSTRUCTIVE SURGERY A PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

2501 N. ORANGE AVE.
SUITE 442
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

2501 N. ORANGE AVE.
SUITE 442
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-1999785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETERS, CALVIN R., M.D.
2501 N. ORANGE AVE., SUITE 442
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

PETERS, CALVIN R M.D.
2501 N. ORANGE AVE., SUITE 442
ORLANDO, FL 32804 US

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: CALVIN R. PETERS, M.D. 04/03/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: PETERS, CALVIN R, M., D.
Address: 2501 N ORANGE AVE #442
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN R. PETERS, M.D. PSTD 04/03/2009

Electronic Signature of Signing Officer or Director Date