

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 671820

**FILED**  
**Mar 29, 2011**  
**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, KENDALL K 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: KENDALL K. PETERS, M.D.

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PETERS, KENDALL K M.D.  
Address: 2501 N ORANGE AVE #442  
City-St-Zip: ORLANDO, FL 32804

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

I hereby 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 all other like empowered.

SIGNATURE: KENDALL K. PETERS, M.D.

PD

03/29/2011

Electronic Signature of Signing Officer or Director

Date