


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # H93241


1. Entity Name  
 DOUGLAS D. DEDO, M.D. THE PALM BEACH INSTITUTE OF COSMETIC SURGERY AND LONGEVITY, P.A.



Principal Place of Business: 1211 PROSPERITY FARMS RD, SUITE C 304, PALM BEACH GARDENS, FL 33410

Mailing Address: 1211 PROSPERITY FARMS RD, SUITE C 304, PALM BEACH GARDENS, FL 33410

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-2693192 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES FOSTER SERVICE, LLC  
 505 SOUTH FLAGLER DRIVE  
 SUITE 1100  
 WEST PALM BEACH, FL 33401

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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: Jones Foster AGG (NOTE: Registered Agent signature required when re-registering) DATE: 7/26/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DEDO, DOUGLAS D.
STREET ADDRESS	11211 PROSPERITY FARMS RD #303-C
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000572421  
 07/27/06-80006-001 550.00

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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: Douglas D. Dedo, M.D. DATE: 7/26/06 DAYTIME PHONE #: 561-775-7112