

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004963

FILED
Jan 24, 2007
Secretary of State

Entity Name: SOUTHWEST FLORIDA FACIAL PLASTIC SURGERY ASSOCIATES, INC.

Current Principal Place of Business:

9407 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919 US

New Principal Place of Business:

9407 CYPRESS LAKE DRIVE
SUITE A
FORT MYERS, FL 33919 US

Current Mailing Address:

9407 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919 US

New Mailing Address:

9407 CYPRESS LAKE DRIVE
SUITE A
FORT MYERS, FL 33919 US

FEI Number: 14-1866563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BLVD
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PRENDIVILLE, STEPHEN A MD
Address: 9407 CYPRESS LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: PRENDIVILLE, STEPHEN A MD
Address: 9407 CYPRESS LAKE DRIVE, SUITE A
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN A. PRENDIVILLE, M.D.

DPST

01/24/2007

Electronic Signature of Signing Officer or Director

Date