

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004963

FILED
Feb 02, 2004
Secretary of State

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

Current Principal Place of Business:

801 ANCHOR RODE DRIVE STE 100
NAPLES, FL 34103

New Principal Place of Business:

4120 DEL PRADO BLVD
CAPE CORAL, FL 33904

Current Mailing Address:

801 ANCHOR RODE DRIVE STE 100
NAPLES, FL 34103

New Mailing Address:

PO BOX 100750
CAPE CORAL, FL 33910

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
1520 ROYAL PALM SQUARE BLVD STE 320
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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: PRENDIVILLE, STEPHEN A MD
Address: 4120 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 PRENDIVILLE, MD

PRES

02/02/2004

Electronic Signature of Signing Officer or Director

Date