

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004963

FILED  
Apr 11, 2006  
Secretary of State

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

**Current Principal Place of Business:**

4120 DEL PRADO BLVD  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

9407 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919 US

**Current Mailing Address:**

PO BOX 100750  
CAPE CORAL, FL 33910

**New Mailing Address:**

9407 CYPRESS LAKE DRIVE  
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  
1520 ROYAL PALM SQUARE BLVD STE 320  
FT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

KYLE, KEVIN A  
1380 ROYAL PALM SQUARE BLVD  
FT MYERS, FL 33919 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: \_\_\_\_\_

04/11/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: PRENDIVILLE, STEPHEN A MD  
Address: 9407 CYPRESS LAKE DRIVE  
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.

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04/11/2006

Electronic Signature of Signing Officer or Director

Date