

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 671820

**FILED
Mar 13, 2014
Secretary of State
CC3122451259**

Entity Name: CENTER FOR PLASTIC AND RECONSTRUCTIVE SURGERY A PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

801 NORTH ORANGE AVENUE,
SUITE 815
ORLANDO, FL 32801

Current Mailing Address:

801 NORTH ORANGE AVENUE,
SUITE 815
ORLANDO, FL 32801 US

FEI Number: 59-1999785

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PETERS, KENDALL KM.D.
801 NORTH ORANGE AVENUE,
SUITE 815
ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name PETERS, KENDALL K M.D.
Address 801 NORTH ORANGE AVENUE, SUITE 815
City-State-Zip: ORLANDO FL 32801

Title TSD
Name PETERS, CALVIN R M.D.
Address 801 NORTH ORANGE AVENUE, SUITE 815
City-State-Zip: ORLANDO FL 32801

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.

PRESIDENT

03/13/2014

Electronic Signature of Signing Officer/Director Detail

Date