

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 671820

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

FILED
Apr 30, 2015
Secretary of State
CC1119191934

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 K MD
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: KENDALL K. PETERS MD

04/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSTD
Name PETERS, KENDALL K 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 MD

PSTD

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date