

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 671820

**FILED  
Apr 16, 2015  
Secretary of State  
CC4011891039**

**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: No**

**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 PETERS**

**OFFICER**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date