

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073448

Entity Name: COSMETIC AND RECONSTRUCTIVE SURGERY CENTER, INC.

Current Principal Place of Business:

6867 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

Current Mailing Address:

6867 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

FEI Number: 59-3663040

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUDWIG, JEFFREY RP.A.
5150 BELFORD RD SOUTH
BLDG 500
JACKSONVILLE, FL 32256 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 D
Name DUFFY, MICHAEL J
Address 6867 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title D
Name DUFFY, CLAIRE G
Address 6867 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

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: MICHAEL DUFFY

PRESIDENT

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date