

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000098328

**Entity Name:** WESTON COSMETIC SURGERY CENTER CORP.

**Current Principal Place of Business:**

2823 EXECUTIVE PARK DR.  
WESTON, FL 33331

**Current Mailing Address:**

2823 EXECUTIVE PARK DR.  
WESTON, FL 33331

**FEI Number: 65-1059102**

**Certificate of Status Desired: No**

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

JAY SHAPIRO, & ASSOC'S PA  
1625 N COMMERCE PKWY  
SUITE 225  
WESTON, FL 33326 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            PRES  
Name            MESSA, CHARLES AIII  
Address        2823 EXECUTIVE PARK DR.  
City-State-Zip: WESTON FL 33331

*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: CHARLES A. MESSA, III, M.D., F.A.C.S.**

**PRESIDENT**

**01/28/2014**

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

\_\_\_\_\_  
Date