

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000004963

Entity Name: SOUTHWEST FLORIDA FACIAL PLASTIC SURGERY ASSOCIATES, INC.

FILED
Oct 07, 2015
Secretary of State
CC7659161592

Current Principal Place of Business:

9407 CYPRESS LAKE DRIVE
SUITE A
FORT MYERS, FL 33919

Current Mailing Address:

9407 CYPRESS LAKE DRIVE
SUITE A
FORT MYERS, FL 33919 US

FEI Number: 14-1866563

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRENDIVILLE, STEPHEN A
9407 CYPRESS LAKE DR., STE A
FT MYERS, FL 33919 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 DPST
Name PRENDIVILLE, STEPHEN A
Address 9407 CYPRESS LAKE DRIVE, SUITE A
City-State-Zip: FORT MYERS FL 33919

Title VP
Name PRENDIVILLE, TEHJAN
Address 9407 CYPRESS LAKE DRIVE
 SUITE A
City-State-Zip: FORT MYERS FL 33919

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: STEPHEN A. PRENDIVILLE

DPST

10/07/2015

Electronic Signature of Signing Officer/Director Detail

Date