

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000004963

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

**FILED**  
**Apr 01, 2016**  
**Secretary of State**  
**CC0716767007**

**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 PRENDIVILLE**

**DPST**

**04/01/2016**

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

\_\_\_\_\_  
Date