

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000010381

**Entity Name:** AMBAY PLASTIC SURGERY, P.A.

**Current Principal Place of Business:**

27716 CASHFORD CIRCLE, SUITE 102  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

27716 CASHFORD CIRCLE, SUITE 102  
WESLEY CHAPEL, FL 33544

**FEI Number:** 46-1915796

**Certificate of Status Desired:** No

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

AMBAY, RAJ S M.D.  
27716 CASHFORD CIRCLE, SUITE 102  
WESLEY CHAPEL, FL 33544 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 AMBAY, RAJ S M.D.  
Address 27716 CASHFORD CIRCLE, SUITE 102  
  
City-State-Zip: WESLEY CHAPEL FL 33544

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:** RAJ S. AMBAY, DDS, MD

**DIRECTOR**

**01/09/2015**

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

\_\_\_\_\_  
Date