

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 456872

FILED  
Jan 30, 2008  
Secretary of State

**Entity Name:** PLASTIC SURGERY ASSOCIATES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

201 EIGHTH ST. SOUTH  
SUITE 102  
NAPLES, FL 34102

**New Principal Place of Business:**

6610 WILLOW PARK DRIVE  
SUITE 104  
NAPLES, FL 34107

**Current Mailing Address:**

201 EIGHTH ST. SOUTH  
SUITE 102  
NAPLES, FL 34102

**New Mailing Address:**

7032 OAKMONT PARKWAY  
NAPLES, FL 34108

**FEI Number:** 59-1541743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LICHT, MICHAEL A CPA  
791 TENTH STREET SOUTH  
NAPLES, FL 34102 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GULIN, STANLEY P MD  
Address: 201 8TH STREET SO #102  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GULIN, STANLEY P MD  
Address: 7032 OAKMONT PARKWAY  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STANLEY P GULIN

MD

01/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date