FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

~~CORPORATION~~
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:01

DOCUMENT # 541971 (8)

1. Corporation Name

EDGAR A. BUREN, M.D., PLASTIC SURGERY, P.A.

Principal Place of Business	Mailing Address
1201 FIFTH AVE N. SUITE 100 ST PETERSBURG FL 33705 US	1201 FIFTH AVE N. SUITE 100 ST PETERSBURG FL 33705 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1759659 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BUREN, EDGAR A.
1201 5TH AVE. NO.
SUITE 100
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(If changing, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BUREN, EDGAR A.	12 NAME	
STREET ADDRESS	1201 5TH AVE., NO., SUITE 100	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	BUREN, EDGAR A.	22 NAME	
STREET ADDRESS	1201 5TH AVE., NO., SUITE 100	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Edgar A. Buren MD EDGAR A. BUREN JR 02/15/95 (813)
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

821-3333
826-1843

0310693 CP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 3, 1995

EDGAR A. BUREN, M.D., PLASTIC SURGERY, P.A.
1201 FIFTH AVE N.
SUITE 100
ST PETERSBURG, FL 33705US

SUBJECT: EDGAR A. BUREN, M.D., PLASTIC SURGERY, P.A.
Ref. Number: 541971

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

Multiple information has been given for Block 4, it should contain only one of the following, a Federal Employer Identification (FEI) number, "APPLIED FOR", or "NOT APPLICABLE". If "APPLIED FOR" is preprinted on the form, an FEI number must be provided at this time.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Kathy Hyman
ANNUAL_REPORT Section

Letter number: 295A00004758

Corrected
FEI # 59 175 9657
E Buren

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314