

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91011 033 ***150.00

DOCUMENT # 541971

1. Entity Name

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



Principal Place of Business

1700 NORTHSHORE DR NE
SAINT PETERSBURG, FL 33704 US

Mailing Address

1700 NORTHSHORE DR NE
SAINT PETERSBURG, FL 33704 US



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1759659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDGAR A BUREN M.D.
1700 NORTHSHORE DRIVE N.E.
ST. PETERSBURG, FL 33704

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BUREN, EDGAR A.
STREET ADDRESS 1700 NORTHSHORE DRIVE N.E.
CITY-ST-ZIP ST. PETERSBURG FL,

TITLE ST
NAME BUREN, EDGAR A.
STREET ADDRESS 1700 NORTHSHORE DR N.E.
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edgar A. Buren, President
APR 20 - 2004
727-895-3911

Attachment

54042218

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.
 - Submit report with a separate check for each filing.
 - * The fee to file the profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.
 - Certificates will be mailed to the entity's mailing address only.
 - Sign report in block 12.
-

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.