FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 561040

PLASTIC SURGERY CENTER, P.A.

Principal Place	e of Business	Mailing Address								
5807 21ST AVE		5807 21 ST AVE. W.								
BRADENTON FL 34209		BHADENTON FL 34209	BRADENTON FL 34209			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Quali	fed				
					02/28/1978					
2. Principal Place of Business 2		2a. Mailing Address	2a. Mailing Address						lied For	
21 26 Suite, Apt. #, etc. 22 27 City & State		26	26			59-1802485		Not /	Applicable	
		Suite, Apt. #, etc.	<u> </u>			5. Certifcate of Status Desired			\$8.75 Additional	
		27	27			5. Certificate of Status Desired Fee Re			uired	
		City & State			6. Election Campaign Financi	6. Election Campaign Financing \$5.00 May Be				
:3					Trust Fund Contribution		Ad	ded to	Fees	
Zip	Country	Zip	Country	'	8. This corporation owes the	current year In		_	٦	
24	25	29	30		Personal Property Tax.		Yes	<u> </u>	□No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of Ne	w Registered	Agent			
			81	Name						
LEKENSOHN, JOHN R 5807 21ST AVENUE, WEST BRADENTON FL 34209			82	Street A	ddress (P.O. Box Number is Not Acc	eptable)				
				<u></u>						
			83	ĺ						
							Toel	Zip Co	ode -	
			184	City			1601			
office or re	enistered agent or both in the Si	tate of Florida. Such change was a	uthonzed ov	e-named of	corporation submits this statement for ration's board of directors. I hereby ac	the purpose of coept the appo	-	no its re	egistered	
office or re	enistered agent or both in the Si	tate of Florida. Such change was a bligations of, Section 607.0505, Flo	es, the above uthorized by rida Statutes	e-named of the corpo	quired when reinstating)	the purpose of coept the appo	changir f changir intment	ng its regi	egistered istered	
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14. 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 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment address, with all other like empowered.

52 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

□ DELETE

941-792-4157

Change

Change

FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90076 017 ***150.00

☐ Addition

Addition