## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 561040** 

FILED Jan 07, 2005 Secretary of State

Entity Name: PLASTIC SURGERY CENTER, P.A.		
Current Principal Place of Business:	New Principal Place of Busine	ess:
5807 21ST AVE. W. BRADENTON, FL 34209		
Current Mailing Address:	New Mailing Address:	
5807 21ST AVE. W. BRADENTON, FL 34209		
FEI Number: 59-1802485 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certific	cate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Re	gistered Agent:
SCOTT, JEFFREY K 5807 21ST AVENUE, WEST BRADENTON, FL 34209 US		
The above named entity submits this statement for the purpin the State of Florida.	oose of changing its registered office or	registered agent, or both,
SIGNATURE:		
Electronic Signature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS:

Title: Title: ( ) Delete (X) Change ( ) Addition LEIKENSOHN, JOHN R., LEIKENSOHN, JOHN R Name: Name: 5807 21 AVE W. Address: 5807 21 AVE W. Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: BRADENTON, FL 34209

Title: () Delete Title: () Change () Addition

SCOTT, JEFFREY K Name: Name: Address: 5807 21ST. AVE. W. Address: BRADENTON, FL 34209 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN R LEIKENSOHN ST 01/07/2005