2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 08, 2006 08:00 AM Secretary of State **DOCUMENT # 600609** 1. Entity Name RAPPERPORT PLASTIC SURGERY ACCOSIATION, P.A. Principal Place of Business Maiting Address **6280 SUNSET DRIVE** 6280 SUNSET DRIVE SOUTH MIAMI, FL 33143 #501 SOUTH MIAMI, FL 33143 01182006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1225264 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent RAPPERPORT, ALAN S DO NOT WRITE 6280 SUNSET DR #501 MIAMI, FL 33143 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 epolicable (NOTE Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE RAPPERPORT, ALAN S NAME STREET ADDRESS 6280 SUNSET DRIVE SUITE #501 CITY-ST-ZIP MIAMI, FL 00000, U00000425055 02/18/06-80079-006 150.00 NAME STREET ADDRESS CITY-ST-ZIP SITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Flonda Statutes, I further certify that the information indicated on this report or supplemental teport 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: &

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-SI-ZIP

Korpeero-Brd

~ 1/31/06

FILED