## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 626523

(5)

| City & State  City & State  City & State  City & State  6. Election Campaign Financing Trust Fund Contribution  Added to Fees  Zip  Country  Zip  Country  Soundry  8. This corporation has liability for intangible tax under \$199.032.  | 1. Corporation SCHLI          | Name CHTER PLASTIC SURGE   | RY ASSO        | CIATES, M.D.                              | ., P.A      |                                       |  | 163376 6148 1184 8418 1184 8186                                    |                    |              |            |
|--|-------------------------------|--|----------------|---|-------------|---------------------------------------|--|--|--------------------|--------------|------------|
| PRISACOLA FL 32501   PRISACO   | Principal Place               | of Business  | Mailir         | ng Address                                |             |                                       |  |  | TO HAR OUT OLD THE |              |            |
| 2.   |                               |  |                |   |             |                                       |  |  |                    |              |            |
| Supply April   4   400   22   27   27   27   28   29   29   29   29   29   29   29   |                               |  |                |   |             |                                       |  | 07/01/1979   |                    |              |            |
| Substitution   Subs   |                               | ice of Business  | <b>⊢-</b> ¬    | ailing Address                            |             |                                       |  |  |                    |              | ·          |
| City & State   27  | Suite, Apt. #, etc.           |  |                | Suite, Apt. #, etc.                       |             |                                       |  |  | \$                 |              |            |
| 28   | City & State                  |  |                |   |             |                                       |  |  |                    |              | <u></u>    |
| Zep  | 23                            |  | <b>├</b> ¬     | <b>├─</b>                                 |             |                                       |  |  |                    |              |            |
| SCHLICHTER, FRANK J.,JR, 801 W AVERY ST PENSACOLA FL 32501  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. Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered diffice 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 application as registered agent. I amminy with, and accept the obligations of, Section 607.0505, Floridal Statutes.  SIGNATURE:    Signature   DEFECTRS AND DIFECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12. AMM   1.1 the   Change   Addition    | 7:p<br><b>24</b>              | Country Zip <b>25 29</b>   |                |   | <del></del> |                                       |  | This corporation has liability for intangible tax under s 199.032, |                    |              |            |
| SCHLICHTER, FRANK J.,JR, 801 W AVERY ST PENSACOLA FL 32501  84   | <del>-</del>                  | 9. Name and Address of Curr  | ent Register   | ed Agent                                  |             |                                       |  | 10. Name and Address of New R                                      | egistered Agen     | t            |            |
| BOIL W AKERY ST PENSACOLA FL 32501  84   | ecuiic                        | LITEO EDANIZ I ID  |                |   | l           | 81                                    | Name                                   |  |                    |              |            |
| PENSACOLA FL 32501  83  84 Cty  FL 85 Zip Code  11. Pursuint to the provisions of Sections 607 0502 and 607 1508. Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agant, 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 agant, and accept the obligations of, Section 607 0505. Floridal Statutes  SIGNATURE:  Signature:  12.  |                               |  |                |   | 82          | Street Addre                          | ess (P.O. Box Number is Not Acceptable | e)   |                    |              |            |
| ### PENSACOLA FL    Post   Pos |                               |  |                | Ī   | 83          | · · · · · · · · · · · · · · · · · · · |  |  |                    |              |            |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statuties, the above named comporation submins this statement for the purpose of changing its registered office or registered againt, or both, in the State of Florida. Such change was suthinized by the corporation's board of directors. I hereby accept the appointment as registered eigent. I am family with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE  |                               |  |                |   | }           | 84                                    | City                                   |  | <b>—.</b> 85       | Zip C        | Code       |
| SIGNATURE   Signature layer for the protect of registered layer face of layer face o   | 11. Pursuant to               | the provisions of Sections £07.05  | 02 and 607.1   | 508. Florida Statut                       | es the abov | /e-n                                  | arned cornora                          | ation submits this statement for the nur                           | P-1                | 1            | i          |
| SIGNATURE   Signature layer for the protect of registered layer face of layer face o   | or registere<br>familiar witt | ed agent, or both, in the State of Fig<br>n, and accept the obligations of, Se | orida. Such ch | ange was authoriz<br>15. Florida Statutes | ed by the c | orpo                                  | oration's board                        | d of directors. I hereby accept the appo                           | intment as regist  | ered ag      | jent. I am |
| 13.   ADDTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   | SIGNATURE _                   |  |                |   |             |                                       |  |  |                    |              |            |
| THE  |                               |  |                |   |             | Agent                                 | t signatura required                   |  |                    | OTODO        |            |
| NAME   SCHLICHTER, FRANK J.   12 NAME   13 STREET ADDRESS   201 W. AVERY ST.   13 STREET ADDRESS   14 COPY-ST-ZP    PENSACOLA FL   |                               |  | TO DIRECTO     |   |             | 'LE                                   |  | ADD HONS/CHANGES TO OFFI   |                    |              |            |
| CITY_ST_ZIP   PENSACOLA FL   | NAMI.                         |  |                |   | 1.2 NA      | ME                                    |  |  |                    | <b>0</b> - L |            |
| TITLE  | • • •                         |  |                |   | 1.3 STF     | REET                                  | ADDRESS                                |  |                    |              |            |
| NAME   |                               | PENSACOLA FL   |                | DELETE                                    |             |                                       | T - ZIF                                |  |                    |              |            |
| STREET ADDRESS   23 STREET ADDRESS   24 CITY - ST - 2/P  |                               |  |                | DECETE                                    |             |                                       |  |  | ☐ Cha              | nge [        | Addition   |
| City - St - ZiP  |                               |  |                |   |             |                                       | ADDRESC                                |  |                    |              |            |
| THLE   | I                             |  |                |   |             |                                       |  |  |                    |              |            |
| STREET ADDRESS   33 STREET ADDRESS   34 CITY - ST - ZIP   34 CITY - ZIP   34 CITY - ST - ZI   | TITLE                         |  |                | DELETE                                    |             |                                       |  |  | ☐ Cha              | nge [        | Addition   |
| SJ. STREET ADDRESS   SJ. STR   | NAME                          |  |                |   | 3 2 NA      | ИE                                    |  |  |                    |              | _          |
| DELETE   |                               |  |                |   | 3.3. STI    | REEI                                  | ADDRESS                                |  |                    |              |            |
| NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CTY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE           NAME         5.1 TITLE           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           ITILE         DELETE           NAME         6.1 TITLE           NAME         Change           STREET ADDRESS         CTY-ST-ZIP           CITY-ST-ZIP         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP  |                               |  |                | E DELETE                                  |             |                                       | r · ziP                                |  |                    |              |            |
| STREET ADDRESS   | i                             |  |                | ☐ DELETE                                  |             |                                       |  |  | Cha                | nge [        | Addition   |
| Addition   |                               |  |                |   |             |                                       |  |  |                    |              |            |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS         CITY-S1-ZIP         CTY-S1-ZIP         THLE         Change         Addition           NAME         61 TITLE         C1TY-S1-ZIP         Change         Addition           NAME         62 NAME         STREET ADDRESS         CTY-S1-ZIP         CTY-S1-ZIP   |                               |  |                |   |             |                                       | i                                      |  |                    |              |            |
| NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CITY-S1-ZIP         54 CITY-S1-ZIP           TITLE         □ DELETE         6 1 TITLE         □ Change         □ Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS         CITY-ST-ZIP  |                               |  |                | DELETE                                    |             | _                                     | 1 - ZIP                                |  | T Cha              | nne F        | Addition   |
| STREET ADDRESS         53 STREET ADDRESS           CITY-S1-ZIP         54 CITY-S1-ZIP           TITLE         DELETE         6 1 TITLE         Change Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS           CITY-S1-ZIP         64 CITY-S1-ZIP  |                               |  |                |   |             |                                       |  |  |                    | iRc [        | T VOORIOII |
| CITY-S1-ZIP         54 CITY-S1-ZIP           TITLE         DELETE         6 1 TITLE         Change Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS           CITY-S1-ZIP         64 CITY-S1-ZIP   | STREET ADDRESS                |  |                |   |             |                                       | ADDRESS                                |  |                    |              |            |
| TITLE         DELETE         6 1 TITLE         Change Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP  | CITY-S1-ZIP                   |  |                |   |             |                                       |  |  |                    |              |            |
| NAME STHEET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP   |                               |  |                | DELETE                                    |             |                                       |  |  | Char               | nge F        | Addition   |
| CITY-ST-ZIP 64 CITY-ST-ZIP   | NAME                          |  |                |   | 6 2 NA      | Æ                                     |  |  |                    | _            | _ '        |
|  | STREET ADDRESS                |  |                |   | 6.3 STR     | EET A                                 | address                                |  |                    |              | 1          |
|  |                               |  |                |   | 6.4 €IT1    | /-ST                                  | - ZIP                                  |  |                    |              |            |

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 if changed, or on an attachment with an address.

SIGNATURE: Such

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17196 (904)433-4000