

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # H83761

(7)

1. Corporation Name

GREGORY C. LOVAAS, M.D., P.A.

Principal Place of Business

3100 S.W. 62 AVE.
SUITE #120
MIAMI FL 33155
US

Mailing Address

3100 S.W. 62 AVE.
SUITE #120
MIAMI FL 33155-3009
US

2. Principal Place of Business

21 1321 NW 14 St.

22 Suite, Apt. # etc. #400

23 City & State Miami, FL

24 Zip 33125 Country US

2a. Mailing Address

26 1321 NW 14 St.

27 Suite, Apt. # etc. #400

28 City & State Miami, FL

29 Zip 33125 Country US

3. Date Incorporated or Qualified
11/04/1985

3a. Date of Last Report
02/19/1996

4. FEI Number
59-2589586

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

LOVAAS, GREGORY C.

3100 S.W. 62 AVE.
SUITE #120
MIAMI FL 33155

GREGORY C. LOVAAS, M.D., F.A.C.S., F.A.A.P., P.A.
Diplomat American Board of Plastic Surgery
1321 N.W. 14th Street, Suite 400
Miami, Florida 33125-1653

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and principal officer

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LOVAAS, GREGORY C.
STREET ADDRESS 3100 S.W. 62 AVE., #120
CITY-ST-ZIP MIAMI FL 33155

GREGORY C. LOVAAS, M.D., F.A.C.S., F.A.A.P., P.A.
Diplomat American Board of Plastic Surgery
1321 N.W. 14th Street, Suite 400
Miami, Florida 33125-1653

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do 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 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

4-15-97 305-324-6633

CR2E034 (9/96)