

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93241

FILED
Apr 03, 2007
Secretary of State

Entity Name: DOUGLAS D. DEDO, M.D. - THE PALM BEACH INSTITUTE OF COSMETIC SURGERY AND LONGEVITY, P.A.

Current Principal Place of Business:

1211 PROPSEITY FARMS RD
SUITE C 304
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

4060 PGA BLVD
SUITE 204
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

1211 PROPSEITY FARMS RD
SUITE C 304
PALM BEACH GARDENS, FL 33410

New Mailing Address:

4060 PGA BLVD.
SUITE 204
PALM BEACH GARDENS, FL 33410

FEI Number: 59-2693192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DEDO, DOUGLAS D.,
Address: 11211 PROSPERITY FARMS RD #303-C
City-St-Zip: PALM BCH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DEDO, DOUGLAS D.,
Address: 4060 PGA BLVD
City-St-Zip: PALM BCH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DOUGLAS D. DEDO, M.D.

DP

04/03/2007

Electronic Signature of Signing Officer or Director

Date