

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K12515

FILED  
Feb 23, 2010  
Secretary of State

**Entity Name:** WESTON CENTER FOR PLASTIC SURGERY, INC.

**Current Principal Place of Business:**

% JAY S. WEISS, ESQ  
1840 SE 1 AVENUE  
FT. LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

% JAY S. WEISS, ESQ  
1840 SE 1 AVENUE  
FT. LAUDERDALE, FL 33316 US

**New Mailing Address:**

**FEI Number:** 65-0025675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEISS, JAY S  
1840 SE 1 AVENUE  
FT LAUDERDALE, FL 33316 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: D  
Name: SCHWARTZ, BARRY M., MD  
Address: 2300 N. COMMERCE PKWY #308  
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

**SIGNATURE:** BARRY M. SCHWARTZ

DIR

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date