

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40557

FILED  
Jan 18, 2012  
Secretary of State

**Entity Name:** BRADENTON PLASTIC SURGERY, P.A.

**Current Principal Place of Business:**

1220 59TH ST., WEST  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

**Current Mailing Address:**

1220 59TH ST., WEST  
BRADENTON, FL 34209 US

**New Mailing Address:**

**FEI Number:** 65-0162047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERNANDEZ, ENRIQUE J MD  
1220 59TH ST WEST  
BRADENTON, FL 34209 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FERNANDEZ, ENRIQUE J MD  
Address: 1220 59TH ST W,  
City-St-Zip: BRADENTON, FL 34209 US

Title: PST  
Name: FERNANDEZ, ENRIQUE J MD  
Address: 1220 59TH ST W,  
City-St-Zip: BRADENTON, FL 34209 US

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: ENRIQUE J. FERNANDEZ, M. D.

D

01/18/2012

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

\_\_\_\_\_  
Date