## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## L40557 DOCUMENT #

1. Entity Name

Principal Place of Business

BRADENTON PLASTIC SURGERY, P.A.



## Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90174 042 \*\*\*150.00

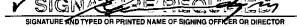
|--|

ì

2902 59 TH ST W STE A BRADENTON FL 34209  2. Principal Place of Business			2902 59 TH ST W STE A BRADENTON FL 34209  3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.									
								CHECK HERE IF MAKING CHANGES				
City & State			City & State				4	4. FEI Number 65-0162047		<del></del>	oplied For ot Applicable	
Zip Country			Zip	Zip Coun			5	5. Certificate of Status Desired		38.75 Additional		
6. Name and Address of Current Registered Agent							7	7. Name and Address of New R	legistered /	gent		
ENRIQUE, FERNANDEZ J MD 2902 59TH ST WEST						Name Street Add	dress (P.O	D. Box Number is Not Acceptable	»)			
ste a Bradent	ON FL 342	,	, ·					FL	Zip Code	e .		
the obligat	ons of regist	ered agent. or printed name of registered agent a			4	ed office or re		agent, or both, in the State of Flo	orida. I am f	amiliar with,	and accept	
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 5 Florida Department of	i					9. Election Campaign Fir Trust Fund Contributio	n. [	Added	May Be I to Fees	
10.		OFFICERS AND	DIRECTO		11.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EZ, ENRIQUE J. MD 1 ST W #A ON FL		☐ Delete	•					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FERNAND 2902 59TH BRADENT	EZ, ENRIQUE J. MD 1 ST W #A ON FL		Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		J				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷		1	Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			Delete	TITLE NAME STREE					Change	Addition	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 



Daytime Phone #