

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                   |         |                                                                                      |                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L53569</b><br>1. Entity Name<br><b>AESTHETIC PLASTIC SURGERY, P.A.</b>                                                                                                                                          |                                                                   |         |                                                                                      |                                                                                        |  |
| Principal Place of Business<br><b>4799 N FEDERAL HWY., #4<br/>UNIT 4<br/>BOCA RATON FL 33431</b>                                                                                                                              |                                                                   |         | Mailing Address<br><b>4799 N FEDERAL HWY., #4<br/>UNIT 4<br/>BOCA RATON FL 33431</b> |                                                                                                                                                                         |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                   |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                            |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                  |                                                                   |         | City & State                                                                         |                                                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                           |                                                                   | Country |                                                                                      | Zip                                                                                                                                                                     |  |
| Country                                                                                                                                                                                                                       |                                                                   | Country |                                                                                      | 4. FEI Number <b>65-0314927</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>            |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                               |                                                                   |         |                                                                                      | 1st MOORE CR2E034 (10/05)                                                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HERNANDEZ, VIVIAN<br/>4799 NORTH FEDERAL HIGHWAY<br/>SUITE 4<br/>BOCA RATON FL 33431</b>                                                                            |                                                                   |         |                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent. |                                                                   |         |                                                                                      |                                                                                                                                                                         |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____                                                                                                                                |                                                                   |         |                                                                                      |                                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                   |         |                                                                                      | 9. Election Campaign Financing <b>\$5.00 May</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>                                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                   |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | PD<br>HERNANDEZ, VIVIAN<br>4799 N FEDERAL HWY #4<br>BOCA RATON FL |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | 000000411764<br>02/10/06-80021-001 150.00                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <input type="checkbox"/> Delete                                   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <input type="checkbox"/> Delete                                   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <input type="checkbox"/> Delete                                   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <input type="checkbox"/> Delete                                   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <input type="checkbox"/> Delete                                   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Hernandez* 1/26/06 561-750-86