


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L60843 1. Entity Name PLASTIC SURGERY CENTER OF SOUTH FLORIDA, INC.	
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Principal Place of Business 7100 W 20 AVE SUITE 110 HIALEAH, FL 33016-1813	Mailing Address 7100 W 20 AVE SUITE 110 HIALEAH, FL 33016-1813
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0224225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, ONELIO, JR., MD 7100 W 20 AVE SUITE 110 HIALEAH, FL 33016-1813
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ONELIO, JR., MD 7100 W 20 AVE, #110 HIALEAH, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Onelio Garcia Jr. M.D

Date

Daytime Phone #

2-7-05 (305) 822-3221