

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90027 040 ***150.00

DOCUMENT # L60843 1. Entity Name PLASTIC SURGERY CENTER OF SOUTH FLORIDA, INC.					
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		
2. Principal Place of Business - No P.O. Box # 3850 Bird Road		3. Mailing Address 3850 Bird Road			
Suite, Apt. #, etc. SUITE 102		Suite, Apt. #, etc. SUITE 102			
City & State Miami FL		City & State Miami, FL			
Zip 33146		Country US			
4. FEI Number 65-0224225				<input type="checkbox"/> Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$360.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME GARCIA, ONELIO, JR., MD STREET ADDRESS 7100 W 20 AVE, #110 CITY-ST-ZIP HIALEAH, FL	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3850 Bird Road, Suite 102 STREET ADDRESS MIAMI, FL 33146 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 names and addresses.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone (305) 822-3221					

ATTACHMENT
40100711
#L60843

May 5, 2008

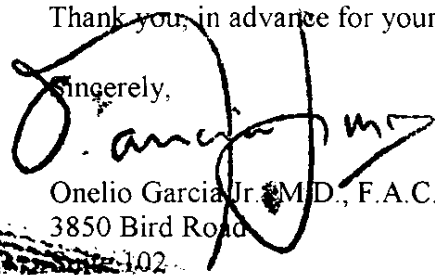
Dear Sir or Madam:

Ref: Document #L60843
Document #M11245

Attached please find the enclosed payment for the above reference documents for your review. We unfortunately did not receive the renewal forms. I have indicated on the applications our new physical and mailing address.

Thank you, in advance for your consideration.

Sincerely,



Onelio Garcia Jr. M.D., F.A.C.S.
3850 Bird Road
Apt. 102
Miami, FL 33146
305-822-3221