2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60843

1. Entity Name

PLASTIC SURGERY CENTER OF SOUTH FLORIDA, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90102 043 ***150.00

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Suite, Apt #, etc Suite, Apt #, etc City & State City & City & State City & City & City & City & State City & C	Principal Place of Business 7100 W 20 AVE SUITE 110 HIALEAH FL 33016-1813			7100 SUIT	Mailing Address 7100 W 20 AVE SUITE 110 HIALEAH FL 33016-1813								
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Zip Country Zip Country Sip Country Sip Country Sip Country S. Certificate of Status Desired Sets Additional Personal Address of Current Registered Agent Toward Address (P.O. Box Number is Not Acceptable) Fig. 2p Country Sip Country	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
So Name and Address of Current Registered Agent	City & State			City	City & State			4.	F5-0224225				
Agarcia, ONELIO, JR., MD 7100 W 20 AVE SUITE 110 HIALEAH FL 33016-1813 City FL City FL To Color Color City FL To Color Color City FL To Color Col	,]			5.	5. Certificate of Status Desired \$8.75 Additional				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.		6. Name	and Address of Curre	nt Registere	ed Agent			7.	Name and Address of New Registered	Agent			
SUITE 110 HIALEAH FL 33016-1813 City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forids. I am tamular with, and accept the colligations of registered agent, or both, in the State of Forids. I am tamular with, and accept the colligations of registered agent. FILE NOW!! FE IS STS.0.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	GARCIA,	ONELIO, JR	, MD				Name						
HIALEAH FL 33016-1813 City FL Zp 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 sm familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE GARCIA, ONELIO, JR, MD 7100 W 20 AVE, #110 HALEAH FL TITLE MAKE STREET ADDRESS CITY-S1-ZP CITY-S1-ZP TITLE MAKE STREET ADDRESS CITY-S1-ZP TITLE MAKE STREET	7100 W 2	O AVE					Street Addre	ess (P.O. E	30x Number is Not Acceptable)				
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increase certify that the information supplied with this filling 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 supplier ental 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 receive 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:

SIGN/COOK RECVINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR