


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90018 011 ***150.00

DOCUMENT # L81545 1. Entity Name PLASTIC SURGERY OF PALM BEACH, P.A.					
Principal Place of Business 1620 S CONGRESS AVE STE 100 PALM SPGS, FL 33461			Mailing Address 1620 S CONGRESS AVE STE 100 PALM SPGS, FL 33461		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0208782	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, JEFFREY 54 N.E 4TH AVENUE DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	DVP VINAS, LUIS, MD 1620 S CONGRESS AVE STE 100 PALM SPGS, FL 33461		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PILLERSDORF, ALAN 1620 S CONGRESS AVE STE 100 PALM SPGS, FL 33461		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EIDELMAN, DOV M.D. 11726 PARADISE COVE LANE WEST PALM BEACH, FL 33414		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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 like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/20/08 561-968-7111 <small>Date Daytime Phone #</small>		