


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90072 008 ****61.25

DOCUMENT # N99000000952

1. Entity Name
FLORIDA ACADEMY OF COSMETIC SURGERY, INC.



Principal Place of Business
~~349 N US HWY 27
CLERMONT FL 34711
US~~

Mailing Address
10711 SW 104 STREET
MIAMI FL 33176
US



2. Principal Place of Business
832 NW 57TH ST.

3. Mailing Address
Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

City & State

Zip
32605

Country
USA

Zip Country

4. FEI Number
59-3544469

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**SMITH, GREGORY R MD
150 PROFESSIONAL DR SUITE 100
PONTE VEDRA BEACH FL 32082**

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 \$61.25
Due By May 1, 2006**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PPD	<input type="checkbox"/> Delete
NAME	GRAPER, CHARLES E	
STREET ADDRESS	832 NW 57TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, R. GREGORY	
STREET ADDRESS	3201 SAWGRASS VILLAGE CIR.	
CITY-ST-ZIP	PONTE VERDE BCH FL 32082	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALLYN, DAVID L	
STREET ADDRESS	349 N US HWY 27	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	PROPIIS, MELVIN	
STREET ADDRESS	333 NW 70TH AVE SUITE 201	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAPER, CHARLES E.	
STREET ADDRESS	832 NW 57TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROPIIS, MELVIN	
STREET ADDRESS	333 NW 70TH AVE. SUITE 201	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: ✓  ✓ 4/29/06 ABOVE (305) 598-2276