

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015466

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** COCONUT GROVE PLASTIC SURGERY MANAGEMENT, INC.

**Current Principal Place of Business:**

3659 S MIAMI AVE  
#4006  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3659 S MIAMI AVE  
#4006  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 65-0996515      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERSOFF, MYRON M MD  
3659 S MIAMI AVE #4006  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PERSOFF, MYRON M MD  
Address: 3659 S MIAMI AVE #4006  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: PERSOFF, MYRON M MD  
Address: 3659 S MIAMI AVE #4006  
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRON M. PERSOFF

OWNE

01/04/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date