

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023343

FILED
Jan 12, 2011
Secretary of State

Entity Name: CENTER FOR AESTHETIC PLASTIC SURGERY, P.A.

Current Principal Place of Business:

17222 HOSPITAL BLVD.
SUITE 346
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

17222 HOSPITAL BLVD.
SUITE 346
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-3641617 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK M ESQUIRE
1250 S. BELCHER ROAD, STE. 160
LARGO, FL 33771 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

OFFICERS AND DIRECTORS:

Title: P
Name: SINGH, SUNANDA M.D.
Address: 17222 HOSPITAL BLVD., STE. 346
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: V
Name: SINGH, ANJALI M D
Address: 17222 HOSPITAL BLVD., STE. 346
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: T
Name: SINGH, SUNANDA M.D.
Address: 17222 HOSPITAL BLVD., STE. 346
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: S
Name: SINGH, ANJALI M.D.
Address: 17222 HOSPITAL BLVD., STE. 346
City-St-Zip: BROOKSVILLE, FL 34601 US

I hereby 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 all other like empowered.

SIGNATURE: SUNANDA SINGH

P

01/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date