

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023343

FILED  
Feb 16, 2012  
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

02/16/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date