

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025831

FILED
Jan 11, 2008
Secretary of State

Entity Name: BEACHES FACIAL, PLASTIC AND NASAL SURGERY CENTER, P.A.

Current Principal Place of Business:

1361 13TH AVENUE SOUTH
SUITE 125
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1361 13TH AVENUE SOUTH
SUITE 125
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3619600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMAS, SCOTT J
1361 13TH AVENUE SOUTH
SUITE 125
JACKSONVILLE BEACH, FL 32250 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: TRIMAS, SCOTT J
Address: 1361 13TH AVENUE SOUTH, SUITE 125
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SCOTT TRIMAS, MD

D

01/11/2008

Electronic Signature of Signing Officer or Director

Date