

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030367

1. Entity Name

SOUTH FLORIDA PLASTIC SURGERY, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90037 015 ***150.00

Principal Place of Business

Mailing Address

268000 S. TAMiami TRAIL
SUITE 330
BONITA SPRINGS FL 34134

268000 S. TAMiami TRAIL
SUITE 330
BONITA SPRINGS FL 34134

2. Principal Place of Business

26800 S. TAMiami TRAIL

3. Mailing Address

26800 S. TAMiami TRAIL

Suite, Apt. #, etc.

SUITE 330

Suite, Apt. #, etc.

SUITE 330

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. FEI Number

65-0995103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESHBAUGH, JR., WILLIS G M.D.
1754 E. COMMERICAL BLVD.
FT. LAUDERDALE FL 33308

Name

WILLIS G. ESHBAUGH, JR., MD

Street Address (P.O. Box Number is Not Acceptable)

26800 S. TAMiami TRAIL

SUITE 330

City

BONITA SPRINGS

FL

Zip Code

34134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ESHBAUGH, JR., WILLIS G M.D.
CITY-ST-ZIP 1754 E. COMMERICAL BLVD.
FT. LAUDERDALE FL 33308

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ESHBAUGH, JR., WILLIS G. MD
CITY-ST-ZIP 26800 S. TAMiami TRAIL, SUITE 330
BONITA SPRINGS - FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Date

941-390-2111

Daytime Phone #

CR2E034 (10/00)