

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030367

FILED
Jan 14, 2004
Secretary of State

Entity Name: SOUTH FLORIDA PLASTIC SURGERY, INC.

Current Principal Place of Business:

26800 S. TAMiami TRAIL
SUITE 330
BONITA SPRINGS, FL 34134

Current Mailing Address:

26800 S. TAMiami TRAIL
SUITE 330
BONITA SPRINGS, FL 34134

FEI Number: 65-0995103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

3501 HEALTH CENTER BLVD
SUITE 2410
BONITA SPRINGS, FL 34135

New Mailing Address:

3501 HEALTH CENTER BLVD
SUITE 2410
BONITA SPRINGS, FL 34135

Name and Address of Current Registered Agent:

ESHBAUGH, JR., WILLIS G M.D.
26800 S. TAMiami TRAIL
SUITE 330
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

ESHBAUGH, JR., WILLIS G M.D.
3501 HEALTH CENTER BLVD
SUITE 2410
BONITA SPRINGS, FL 34135 US

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: WILLIS G. ESHBAUGH, JR., MD

01/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ESHBAUGH, JR., WILLIS G M.D.
Address: 26800 S. TAMiami TRAIL, SUITE 130
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ESHBAUGH, JR., WILLIS G M.D.
Address: 3501 HEALTH CENTER BLVD, STE 2410
City-St-Zip: BONITA SPRINGS, FL 34135

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: WILLIS G. ESHBAUGH JR, MD

D

01/14/2004

Electronic Signature of Signing Officer or Director

Date