

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073448

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: COSMETIC AND RECONSTRUCTIVE SURGERY CENTER, INC.

## Current Principal Place of Business:

836 PRUDENTIAL DR, STE 907  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

6867 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216

## Current Mailing Address:

836 PRUDENTIAL DR, STE 907  
JACKSONVILLE, FL 32207

## New Mailing Address:

6867 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216

FEI Number: 59-3663040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUDWIG, JEFFREY R P.A.  
5150 BELFORD RD SOUTH  
BLDG 500  
JACKSONVILLE, FL 32256 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: DUFFY, MICHAEL J  
Address: 836 PRUDENTIAL DR, STE 907  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: DUFFY, CLAIRE G  
Address: 836 PRUDENTIAL DR, STE 907  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DUFFY, MICHAEL J  
Address: 6867 BELFORT OAKS PLACE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change ( ) Addition  
Name: DUFFY, CLAIRE G  
Address: 6867 BELFORT OAKS PLACE  
City-St-Zip: JACKSONVILLE, FL 32216

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: MICHAEL DUFFY

D

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date