

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073448

FILED
Apr 29, 2012
Secretary of State

Entity Name: COSMETIC AND RECONSTRUCTIVE SURGERY CENTER, INC.

Current Principal Place of Business:

6867 BELFORD OAKS PLACE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6867 BELFORD OAKS PLACE
JACKSONVILLE, FL 32216

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: D
Name: DUFFY, MICHAEL J
Address: 6867 BELFORD OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: DUFFY, CLAIRE G
Address: 6867 BELFORD OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

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: MICHAEL DUFFY

D

04/29/2012

Electronic Signature of Signing Officer or Director

_____ Date