


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90054 002 ***150.00

DOCUMENT # P00000098328			
1. Entity Name WESTON COSMETIC SURGERY CENTER CORP.			
Principal Place of Business 17180 ARVIDA PARKWAY SUITES 1 & 2 WESTON FL 33326		Mailing Address 17180 ARVIDA PARKWAY SUITES 1 & 2 WESTON FL 33326	
2. Principal Place of Business - No P.O. Box # 2823 Executive Park Dr.		3. Mailing Address 2823 Executive Park Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, FL		City & State Weston, FL	
Zip 33331	Country USA	Zip 33331	Country USA



1st MOORE CR2E034 (10/06)

4. FEI Number 65-1059102		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAY SHAPIRO, & ASSOC'S PA 1625 N COMMERCE PKWY SUITE 225 WESTON FL 33326		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jay Shapiro DATE 1-30-07
Signature, typed or printed name of registered agent and title r. applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST MESSA, CHARLES A III 17180 ARVIDA PKWY 1&2 WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2823 Executive Park Dr. Weston, FL 33331
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

1-30-07