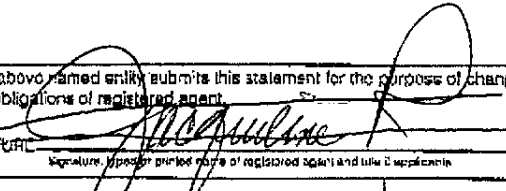
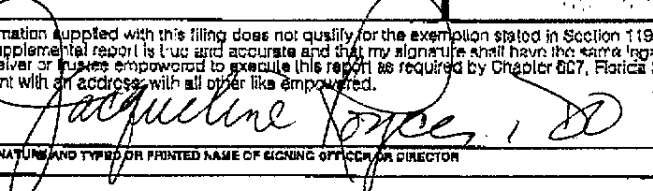


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000075106		
1. Entity Name ROYCE PLASTIC SURGERY, P.A.		
Principal Place of Business 5807 21ST AVE. W BRADENTON, FL 34209		Mailing Address 5807 21ST AVE. W BRADENTON, FL 34209
DO NOT WRITE IN THIS SPACE		
04292005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-1125142		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROYCE, JACQUELINE 5807 21ST AVE. W BRADENTON, FL 34209		DO NOT WRITE IN THIS SPACE
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:  ERROR 62 Signature, if person; printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ROYCE, JACQUELINE	
STREET ADDRESS	5807 21ST AVE. W	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone

U00000353580
05/03/05-80071-017.150.00

DO NOT WRITE
IN THIS SPACE