


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90002 001 ***558.75

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	
2. Principal Place of Business - No P.O. Box # 2401 University Pkwy Bldg 1 Ste. 206 Sarasota, FL		3. Mailing Address 2401 University Pkwy. Bldg 1 Ste. 206 Sarasota, FL	
4. City & State Sarasota, FL		4. City & State Sarasota, FL	
5. Zip 34243		5. Zip 34243	
6. Name and Address of Current Registered Agent ROYCE, JACQUELINE 5807 21ST AVE. W BRADENTON FL 34209		7. Name and Address of New Registered Agent Royce, Jacqueline 2401 University Pkwy. Bldg 1 Ste 206 Sarasota, FL 34243	
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 <u>J. Royce D.O.</u> <u>Jacqueline Royce D.O.</u> <u>9/2/08</u> (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ROYCE, JACQUELINE 5807 21ST AVE. W BRADENTON FL 34209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr Royce, Jacqueline 2401 University Pkwy, Bldg 1, Ste 206 Sarasota, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>J. Royce D.O.</u> <u>Jacqueline Royce D.O.</u> <u>9/2/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>9/2/08</u> Daytime Phone #: <u>941-358-3223</u>	



2nd MOORE CR2E034 (4/08)