2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P01000085455

Entity Name: INSTITUTE OF FACIAL SURGERY, INC.

Current Principal Place of Business:

1093 SOUTH WICKHAM ROAD
WEST MELBOURNE, FL 32904

New Principal Place of Business:

1093 SOUTH WICKHAM ROAD
MELBOURNE, FL 32904

Current Mailing Address:

1093 SOUTH WICKHAM ROAD
WEST MELBOURNE, FL 32904

New Mailing Address:

1093 SOUTH WICKHAM ROAD
MELBOURNE, FL 329041652

FEI Number: 59-3740807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRENEVICKI, LANCE F
1093 S WICKHAM ROAD
MELBOURNE, FL 32904 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: DR ( ) Delete
Name: GRENEVICKI, LANCE F
Address: 1093 WICKHAM ROAD
City-St-Zip: WEST MELBOURNE, FL 329041652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: GRENEVICKI, LANCE F
Address: 1093 WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 329041652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: L GRENEVICKI MD 01/07/2008
Electronic Signature of Signing Officer or Director Date