2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# P01000105399

Entity Name: AESTHETIC PLASTIC SURGERY CENTER, INC.

Current Principal Place of Business:

1255 37TH STREET
SUITE E
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1255 37TH STREET
SUITE E
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 30-0026556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEC CONSULTANTS, INC
1515 INDIAN RIVER BLVD STE A210
VERO BEACH, FL 32960 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: D ( ) Delete
Name: MALLON, WILLIAM J M.D.
Address: 1360 U.S. 1, SUITE 1
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: MALLON, WILLIAM J M.D.
Address: 1360 U.S. 1, SUITE 1
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J. MALLON, MD DR 01/24/2006

Electronic Signature of Signing Officer or Director — Date