

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105399

FILED
Mar 29, 2007
Secretary of State

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:

3500 US HWY 1
VERO BEACH, FL 32960

Current Mailing Address:

1255 37TH STREET
SUITE E
VERO BEACH, FL 32960

New Mailing Address:

3500 US HWY 1
VERO BEACH, FL 32960

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: DR () 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/29/2007

Electronic Signature of Signing Officer or Director

Date