2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003
Secretary of State

DOCUMENT# P02000005211

Entity Name: THE PLASTIC SURGERY CENTER AT PONTE VEDRA BEACH, INC.

Current Principal Place of Business:

50 A1A NORTH STE 103
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

50 A1A NORTH
SUITE 103
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

50 A1A NORTH STE 103
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

50 A1A NORTH
SUITE 103
PONTE VEDRA BEACH, FL 32082

FEI Number: 94-3416697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET STE 2500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202 US

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: 03/13/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARRIS, JOHN B MD
Address: 50 A1A NORTH STE 103
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: HARRIS, TAMARA K
Address: 50 A1A NORTH STE 103
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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: JOHN B. HARRIS, M.D. D 03/13/2003
Electronic Signature of Signing Officer or Director — Date