

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90134 024 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000023227

1. Entity Name
**PENN PLASTIC SURGERY OF JACKSONVILLE,
 P.A.**



90047377

Principal Place of Business
 3599 UNIVERSITY S.
 SUITE 402
 JACKSONVILLE, FL 32216

Mailing Address
 3599 UNIVERSITY S.
 SUITE 402
 JACKSONVILLE, FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **47-0854359**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when registering)

DATE

**FILE NOW! FEE IS \$100.00
 After May 1, 2003 Fee will be \$250.00
 Make Check payable to Florida Department of State**

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	KARNISH, PATRICK M.D.	
STREET ADDRESS	3599 UNIVERSITY S., SUITE 402	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Patrick Karnish M.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

904-398-4441

Date

Daytime Phone

CR2E034 (10/02)