

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099526

FILED
Apr 23, 2008
Secretary of State

Entity Name: KAPLAN COSMETIC SURGERY, INC.

Current Principal Place of Business:

480 N ORLANDO AVE STE 118
WINTER PARK, FL 32789

New Principal Place of Business:

1640 N. MAITLAND AVE
MAITLAND, FL 32751

Current Mailing Address:

480 N ORLANDO AVE STE 118
WINTER PARK, FL 32789

New Mailing Address:

1640 N. MAITLAND AVE
MAITLAND, FL 32751

FEI Number: 22-3870608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, BARRY J
480 N ORLANDO AVE STE 118
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

KAPLAN, BARRY J
1640 N. MAITLAND AVE
MAITLAND, FL 32751 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: B.J. KAPLAN, D.O.

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: KAPLAN, BARRY J
Address: 480 N ORLANDO AVE STE 118
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: KAPLAN, BARRY J
Address: 1640 N. MAITLAND AVE
City-St-Zip: MAITLAND, FL 32751

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: B. J. KAPLAN, D.O.

MGR

04/23/2008

Electronic Signature of Signing Officer or Director

Date