


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000127103 1. Entity Name POLO PLASTIC SURGERY, P.A.	
--	---

Principal Place of Business 6280 SUNSET DRIVE 501 SOUTH MIAMI, FL 33143	Mailing Address 6280 SUNSET DRIVE 501 SOUTH MIAMI, FL 33143
--	--

DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1164322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLO, MAX L
6280 SUNSET DRIVE
501
SOUTH MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLO, MAX L M.D. 6280 SUNSET DR STE 501 S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POLO, MAX L M.D. 6280 SUNSET DRIVE, STE. 501 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP POLO, MAX L M.D. 6280 SUNSET DRIVE, STE. 501 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T POLO, MAX L M.D. 6280 SUNSET DRIVE, STE. 501 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POLO, MAX L M.D. 6280 SUNSET DRIVE, STE. 501 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000246043
02/28/05-80051-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: X Max L. Polo 2/24/05 (305) 666-1352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #