

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000127103

FILED
Oct 04, 2006
Secretary of State

Entity Name: POLO PLASTIC SURGERY, P.A.

Current Principal Place of Business:

6280 SUNSET DRIVE
501
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6280 SUNSET DRIVE
501
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-1164322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLO, MAX L
6280 SUNSET DRIVE
501
SOUTH MIAMI, FL 33143 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: MAX L. POLO, M.D.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POLO, MAX L M.D.
Address: 6280 SUNSET DR STE 501
City-St-Zip: S MIAMI, FL 33143

Title: P () Delete
Name: POLO, MAX L M.D.
Address: 6280 SUNSET DRIVE, STE. 501
City-St-Zip: S. MIAMI, FL 33143

Title: VP () Delete
Name: POLO, MAX L M.D.
Address: 6280 SUNSET DRIVE, STE. 501
City-St-Zip: S. MIAMI, FL 33143

Title: T () Delete
Name: POLO, MAX L M.D.
Address: 6280 SUNSET DRIVE, STE. 501
City-St-Zip: S. MIAMI, FL 33143

Title: S () Delete
Name: POLO, MAX L M.D.
Address: 6280 SUNSET DRIVE, STE. 501
City-St-Zip: S. MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: MAX L. POLO, M.D.

Electronic Signature of Signing Officer or Director

PRES

10/04/2006

Date