

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127103

FILED  
Aug 26, 2008  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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 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 POLO

PRES

08/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date