

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000470

FILED
Feb 20, 2007
Secretary of State

Entity Name: AZUL COSMETIC SURGERY AND MEDICAL SPA, P.A.

Current Principal Place of Business:

12600 CREEKSIDE LANE
SUITE 7
FT. MYERS, FL 33919

New Principal Place of Business:

12600 CREEKSIDE LANE
SUITE 4
FT. MYERS, FL 33919

Current Mailing Address:

12600 CREEKSIDE LANE
SUITE 7
FT. MYERS, FL 33919

New Mailing Address:

12600 CREEKSIDE LANE
SUITE 4
FT. MYERS, FL 33919

FEI Number: 14-1865123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINCK, LINDA R
5801 PELICAN BAY BLVD.
SUITE 300
NAPLES, FL 34108 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: PD () Delete
Name: FLAHARTY, PATRICK M MD.
Address: 12600 CREEKSIDE LANE STE 7
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: FLAHARTY, KRISTEN
Address: 12600 CREEKSIDE LANE STE 7
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLAHARTY, PATRICK M MD.
Address: 12600 CREEKSIDE LANE STE 4
City-St-Zip: FORT MYERS, FL 33919

Title: S (X) Change () Addition
Name: FLAHARTY, KRISTEN
Address: 12600 CREEKSIDE LANE STE 4
City-St-Zip: FORT MYERS, FL 33919

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: PATRICK M. FLAHARTY, M.D.

PD

02/20/2007

Electronic Signature of Signing Officer or Director

Date