

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90064 003 ***550.00

DOCUMENT # P03000004963

1. Entity Name

**SOUTHWEST FLORIDA FACIAL PLASTIC SURGERY
ASSOCIATES, INC.**



Principal Place of Business

**9407 CYPRESS LAKE DRIVE
SUITE A
FORT MYERS FL 33919
US**

Mailing Address

**9407 CYPRESS LAKE DRIVE
SUITE A
FORT MYERS FL 33919
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/08)

4. FEI Number

14-1866563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KYLE, KEVIN A
1380 ROYAL PALM SQUARE BLVD
FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name **STEPHEN A. PRENDIVILLE MD**

Street Address (P.O. Box Number is Not Acceptable)

9407 CYPRESS LAKE DR STE A

City **FORT MYERS,**

FL

Zip Code
33919

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] **STEPHEN A. PRENDIVILLE MD**

8/4/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **PRENDIVILLE, STEPHEN A MD**
STREET ADDRESS **9407 CYPRESS LAKE DRIVE, SUITE A**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

STEPHEN PRENDIVILLE MD

8/4/08

239-437-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day:me Phone #