


FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90023 049 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000047367
 1. Entity Name
PENN PLASTIC SURGERY OF MIAMI, P.A.



Principal Place of Business Mailing Address
7775 SW 87 AVE STE #120 **7775 SW 87 AVE STE #120**
MIAMI, FL 33173 **MIAMI, FL 33173**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

24081002



07142004 Chg-P CR2E034 (10/03)

4. FEI Number: **20-0223012** Apply Not Req

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 understand the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	P LOVAAS, GREGORY C 7775 SW 87TH AVE STE 120 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:  Date _____ Device Phone # _____