


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000047367		
1. Entity Name PENN PLASTIC SURGERY OF MIAMI, P.A.		
Principal Place of Business 7775 SW 87 AVE STE #120 MIAMI, FL 33173	Mailing Address 7775 SW 87 AVE STE #120 MIAMI, FL 33173	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301		4. FEI Number 20-0223012 Applies <input type="checkbox"/> Not Applies <input type="checkbox"/>
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOVAAS, GREGORY C 7775 SW 87TH AVE STE 120 MIAMI, FL 33173	
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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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		01-14-05 Date Daytime Phone #

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02/01/05-80083-007 150.00

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