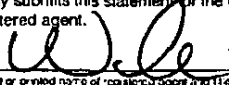
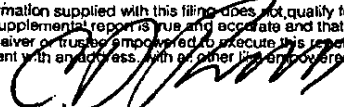


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-22-2004 90042 044 ***150.00

DOCUMENT # P03000058288					
1. Entity Name FLORIDA PLASTIC SURGERY INSTITUTE, INC.					
Principal Place of Business 5979 VINELAND ROAD STE 114 ORLANDO, FL 32819			Mailing Address 5979 VINELAND ROAD STE 114 ORLANDO, FL 32819		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 562367104	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIAM N ASMA PA 886 S DILLARD ST WINTER GARDEN, FL 34787				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 accept the obligations of registered agent.					
SIGNATURE 				DATE 03-16-04	
Signature, typed or printed name of registered agent and if applicable.				(NOTE: Registered Agent signature required when reconstituting)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	☐ Delete				
NAME	D PREVEL CHRISTOPHER D				
STREET ADDRESS	8015 BELSHIRE DR				
CITY- ST- ZIP	ORLANDO, FL 32835				
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				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without the employer.					
SIGNATURE: 				DATE 03/10/04 401-352-1819	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	
Christopher D. Prevel, MD, FACS					

66409503



03072004 Chg-P CR2E034 (10/03)