2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058288

Entity Name: FLORIDA PLASTIC SURGERY INSTITUTE, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
5979 VINELAND ROAD STE 114 ORLANDO, FL 32819	5979 VINELAND ROAD STE 114 ORLANDO, FL 32819

Current Mailing Address:	**New Mailing Address:**
5979 VINELAND ROAD STE 114 ORLANDO, FL 32819	5979 VINELAND ROAD STE 114 ORLANDO, FL 32819

FEI Number: 56-2367104   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
WILLIAM N ASMA PA 886 S DILLARD ST WINTER GARDEN, FL 34787 US	

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:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D ( ) Delete	Title:	DR (X) Change ( ) Addition
Name:	PREVEL, CHRISTOPHER D	Name:	PREVEL, CHRISTOPHER D
Address:	5979 VINELAND RD SUITE 114	Address:	5979 VINELAND RD SUITE 114
City-St-Zip:	ORLANDO, FL 32819	City-St-Zip:	ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER D PREVEL, MD   DR   01/06/2009

     Electronic Signature of Signing Officer or Director   Date