

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058288

FILED  
Apr 11, 2010  
Secretary of State

**Entity Name:** FLORIDA PLASTIC SURGERY INSTITUTE, INC.

**Current Principal Place of Business:**

5979 VINELAND ROAD  
STE 114  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5979 VINELAND ROAD  
STE 114  
ORLANDO, FL 32819

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

WILLIAM N ASMA PA  
886 S DILLARD ST  
WINTER GARDEN, FL 34787      US

**Name and Address of New Registered Agent:**

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:**

Title: DR  
Name: PREVEL, CHRISTOPHER D  
Address: 5979 VINELAND RD SUITE 114  
City-St-Zip: ORLANDO, FL 32819

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER D PREVEL

DR.

04/11/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date