

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061769

FILED
Jan 06, 2004
Secretary of State

Entity Name: CENTRE FOR PLASTIC & AESTHETIC SURGERY, P.A.

Current Principal Place of Business:

9975 TAMIAMI TR N STE 4
NAPLES, FL 34108

New Principal Place of Business:

9975 TAMIAMI TR N STE 1
NAPLES, FL 34108

Current Mailing Address:

9975 TAMIAMI TR N STE 4
NAPLES, FL 34108

New Mailing Address:

9975 TAMIAMI TR N STE 1
NAPLES, FL 34108

FEI Number: 65-1193504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCIANO, ALEXIA M.D.
9975 TAMIAMI TR N STE 4
NAPLES, FL 34108

Name and Address of New Registered Agent:

MARCIANO, ALEXIA M.D.
9975 TAMIAMI TR N STE 1
NAPLES, FL 34108

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:

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR () Change (X) Addition
Name: MARCIANO, ALEXIA S
Address: 9975 TAMIAMI TRAIL, N., #1
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEXIA MARCIANO

DR

01/06/2004

Electronic Signature of Signing Officer or Director

Date