

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000081221

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** RENAISSANCE PLASTIC SURGERY, P.A.

**Current Principal Place of Business:**

321 S. NOKOMIS AVE  
VENICE, FL 34285

**New Principal Place of Business:**

329 S. NOKOMIS AVE  
SUITE B  
VENICE, FL 34285

**Current Mailing Address:**

321 S. NOKOMIS AVE  
VENICE, FL 34285

**New Mailing Address:**

329 S. NOKOMIS AVE  
VENICE, FL 34285

**FEI Number:** 20-0111322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, CHARLES L  
321 S. NOKOMIS AVENUE  
VENICE, FL 34285 US

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

RODRIGUEZ, CHARLES L  
329 S. NOKOMIS AVENUE, SUITE B  
VENICE, FL 34285-241 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

03/17/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: RODRIGUEZ, CHARLES L  
Address: 329 S NOKOMIS AVE, SUITE B  
City-St-Zip: VENICE, FL 34285

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: CHARLES L. RODRIGUEZ

PRES

03/17/2011

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

\_\_\_\_\_  
Date