


2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/13

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-13-2004 90006 021 ***550.00

DOCUMENT # P03000097281 1. Entity Name DESTIN PLASTIC SURGERY CENTER, P.A.																													
Principal Place of Business 996 AIRPORT RD SUITE D-101 DESTIN, FL 32541			Mailing Address 996 AIRPORT RD SUITE D-101 DESTIN, FL 32541																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 43-2048352 Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07062004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent NEWMAN, RAYMOND F JR 348 MIRACLE STRIP PARKWAY SW SUITE 7 FT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$650.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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 all other like empowered.																													
SIGNATURE: <i>George Novak</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				070904 - 800-837-7777 Date Daytime Phone #																									