

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104734

FILED
Apr 06, 2005
Secretary of State

Entity Name: TAKE SHAPE PLASTIC SURGERY, P.A.

Current Principal Place of Business:

4161 N.W. 5TH STREET
SUITE 100
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

4161 N.W. 5TH STREET
SUITE 100
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 20-0245251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASSANI, RUSSELL F M.D.
4161 N.W. 5TH STREET
SUITE 100
PLANTATION, FL 33317 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: PVST () Delete
Name: SASSANI, RUSSELL F M.D.
Address: 4161 N.W. 5TH STREET, SUITE 100
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUSSELL F. SASSANI

DR.

04/06/2005

Electronic Signature of Signing Officer or Director

Date