

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000009389

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** PENN PLASTIC SURGERY OF PALM HARBOR, P.A.

**Current Principal Place of Business:**

34156 US HIGHWAY 19N  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

1410 SPRUCE STREET  
STROUDSBURG, PA 18360 US

**New Mailing Address:**

20 GLOVER AVENUE  
NORWALK, CT 06850 US

**FEI Number:** 20-0710576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HARRELL, RANDALL C M.D.  
Address: 34156 US HIGHWAY 19N  
City-St-Zip: PALM HARBOR, FL 34684 US

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: RANDALL C HARRELL, MD

PRES

02/29/2012

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

\_\_\_\_\_  
Date