

FILED
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Secretary of State

02-04-2005 90041 009 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000048416			
1. Entity Name PENN PLASTIC SURGERY OF UNIVERSITY BLVD, P.A.			
Principal Place of Business 3599 UNIVERSITY BLVD. SOUTH SUITE 1600 JACKSONVILLE, FL 32116 US		Mailing Address 3599 UNIVERSITY BLVD. SOUTH SUITE 1600 JACKSONVILLE, FL 32116 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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 the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
OBI, JOHN M.D. 3599 UNIVERSITY BLVD. SOUTH, SUITE 1600 JACKSONVILLE, FL 32116			
☐ Delete		☐ Change ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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☐ Delete		☐ Change ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐	
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, changed, or on an attachment with an address, with all other like and changed.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/14/05 Daytime Phone # (904) 346-0060	