2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# P04000048416

Entity Name: PENN PLASTIC SURGERY OF UNIVERSITY BLVD, P.A.

Current Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH
SUITE 1600
JACKSONVILLE, FL 32116 US

New Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH
SUITE 1600
JACKSONVILLE, FL 32216 US

Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH
SUITE 1600
JACKSONVILLE, FL 32116 US

New Mailing Address:

3599 UNIVERSITY BLVD. SOUTH
SUITE 1600
JACKSONVILLE, FL 32216 US

FEI Number: 20-0082593 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OBI, JOHN M.D.
Address: 3599 UNIVERSITY BLVD. SOUTH, SUITE 1600
City-St-Zip: JACKSONVILLE, FL 32116 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: OBI, JOHN J M.D.
Address: 3599 UNIVERSITY BLVD. SOUTH, SUITE 1600
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN J. OBI, M.D. PRES 04/11/2007

Electronic Signature of Signing Officer or Director Date