

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049121

FILED
Jan 09, 2007
Secretary of State

Entity Name: PALM BEACH PLASTIC SURGERY PA

Current Principal Place of Business:

GARDENS MEDICAL PARK
3345 BURNS RD., STE. 206
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30129
PALM BEACH GARDENS, FL 334200129

New Mailing Address:

3345 BURNS ROAD
SUITE 206
PALM BEACH GARDENS, FL 33410

FEI Number: 20-0885101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANKIN, DAVID MD
GARDENS MEDICAL PARK
3345 BURNS RD., STE. 206
PALM BEACH GARDENS, FL 33410 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: PD () Delete
Name: RANKIN, DAVID MD
Address: 3345 BURNS ROAD, SUITE 206
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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 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: DAVID RANKIN

DR.

01/09/2007

Electronic Signature of Signing Officer or Director

Date