



FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90378 017 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000049121					
1. Entity Name PALM BEACH PLASTIC SURGERY PA					
Principal Place of Business GARDENS MEDICAL PARK 3345 BURNS RD., STE. 206 PALM BEACH GARDENS, FL 33410 US			Mailing Address 3345 BURNS ROAD SUITE 206 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box # 641 University Blvd		3. Mailing Address 641 University			
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103		04072008 Chg-P CR2E034 (12/06)	
City & State Jupiter FL		City & State Jupiter FL		4. FEI Number 20-0885101	
Zip 33458		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANKIN, DAVID MD GARDENS MEDICAL PARK 3345 BURNS RD., STE. 206 PALM BEACH GARDENS, FL 33410			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 accept the obligations of registered agent. SIGNATURE _____ DATE <u>4.7.08</u> <small>(NOTE: Registered Agent signature required when relinquishing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANKIN, DAVID MD 3345 BURNS ROAD, SUITE 206 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.21.08 561.776.2830 <small>DATE Daytime Phone #</small>		