2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049121

Entity Name: PALM BEACH PLASTIC SURGERY PA

Current Principal Place of Business:	**New Principal Place of Business:**
641 UNIVERSITY BLVD STE 103 JUPITER, FL 33458 US	

Current Mailing Address:	**New Mailing Address:**
641 UNIVERSITY BLVD STE 103 JUPITER, FL 33458 US	

FEI Number: 20-0885101   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
RANKIN, DAVID MD GARDENS MEDICAL PARK 3345 BURNS RD., STE. 206 PALM BEACH GARDENS, FL 33410 US	RANKIN, DAVID MD 641 UNIVERSTITY BLVD SUITE 103 JUPITER, FL 33458 US

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: DAVID RANKIN   03/23/2009

Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO 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	Title: PD (X) Change ( ) Addition Name: RANKIN, DAVID MD Address: 641 UNIVERSITY BLVD SUITE 103 City-St-Zip: JUPITER, FL 33458 US

I hereby certify that the information supplied with this filing does not qualify 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   PD   03/23/2009

Electronic Signature of Signing Officer or Director   Date