2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117149

Entity Name: PEARSON FACIAL PLASTIC SURGERY, P.A.

FILED Mar 13, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

1555 KINGSLEY AVE SUITE 604 1835-19 EAST WEST PARKWAY ORANGE PARK, FL 32073 ORANGE PARK, FL 32003

Current Mailing Address: New Mailing Address:

1555 KINGSLEY AVE SUITE 604 1835-19 EAST WEST PARKWAY ORANGE PARK, FL 32073 ORANGE PARK, FL 32003

FEI Number: 32-0123655 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:

F&L CORP 1 INDEPENDENT DR SUITE 1300 JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: PEARSON, DAVID Name: PEARSON, DAVID

Address: 1555 KINGSLEY AVE SUITE 604 Address: 1835-19 EAST WEST PARKWAY
City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32003

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 PEARSON PRES 03/13/2007