

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117149

FILED
Mar 16, 2009
Secretary of State

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

Current Principal Place of Business:

1835-19 EAST WEST PARKWAY
ORANGE PARK, FL 32003

New Principal Place of Business:

1835-19 EAST WEST PARKWAY
FLEMING ISLAND, FL 32003

Current Mailing Address:

1835-19 EAST WEST PARKWAY
ORANGE PARK, FL 32003

New Mailing Address:

1835-19 EAST WEST PARKWAY
FLEMING ISLAND, 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:

F&L CORP
1 INDEPENDENT DR SUITE 1300
JACKSONVILLE, FL 32202 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: PEARSON, DAVID
Address: 1835-19 EAST WEST PARKWAY
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PEARSON, DAVID
Address: 1835-19 EAST WEST PARKWAY
City-St-Zip: FLEMING ISLAND, FL 32003

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 C. PEARSON MD

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date