2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005
Secretary of State

DOCUMENT# P04000162834

Entity Name: INSTITUTE OF COSMOPLASTIC SURGERY, INC.

Current Principal Place of Business:

3226 W KENNEDY BLVD
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3226 W KENNEDY BLVD
TAMPA, FL 33609

New Mailing Address:

FEI Number: 75-3178376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAYLAN, CHRISTINA
3226 W KENNEDY BLVD
TAMPA, FL 33609 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PAYLAN, CHRISTINA
Address: 3226 W KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609

Title: V (X) Delete
Name: SARIEH, WAIL
Address: 3226 W KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609

Title: S (X) Delete
Name: PAYLAN, KAPRIYEL
Address: 3226 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 Section 119.07(3)(i), 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: CHRISTINA PAYLAN, MD P 07/19/2005

Electronic Signature of Signing Officer or Director Date