2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 21, 2008 8:00 am Secretary of State

	ANNUAL	. KEPUK				Secreta	ary or St	ait
DOCUMENT # P05000013131 1. Entity Name						05-21-2008	3 90023 025 ***15	50.00
GARCIA FACIAL PLASTIC SURGERY INSTITUTE, INC.								
Principal Place	e of Business	Mailing Address	Mailing Address			600427	2 C	
700 3RD ST. SUITE #102 NEPTUNE BEACH, FL 32266		700 3RD ST. SUITE #102 NEPTUNE BEACH, FL 32266						(8/27) (84)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04232008	Chg-P	CR2E034 (12/06)	ı
City & State		City & State			4. FEI Numb 59-374			pplied For ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired	□ \$8.75 Ad	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent	
				Name				
GARCIA, JOHN F 13872 MANDARIN 海珠弾 ROAら JACKSONVILLE, FL 32223				Street Address (P.O. Box Number is Not Acceptable)				
							FL Zip Coo	de
	named entity submits this statement for	or the purpose of cha	anging its register	ed office or re	egistered agent, or bo	th, in the State of F	lorida. I am familiar with	, and accept
ine ooligati	ions of registered agent.							
SIGNATURE_	Signature, typed or printed name of registered agent	t and little if applicable.	(NOTE: Registere	ed Agent signature i	required when reinstating)	······································	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution					\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
RILE	PD	☐ Da					⊠ Change	Addition
NAME STREET ADDRESS	* *			EET ADDRESS 1	13872 Menda	12 Mendarin Road		
CITY-ST-ZIP	JACKSONVILLE; FL 32223			r-ST-ZIP			☐ Change	☐ Addition
NAME		LI Ut	NAM				Change	☐ Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				/-ST-ZIP				
TITLE NAME		☐ De	elete TITL:	I .			☐ Change	☐ Addition
STREET ADDRESS		-		EET ADDRESS		· -		
CITY-ST-ZIP			CITY	r-ST-ZIP			<u>.</u>	
TITLE		□ De					☐ Change	☐ Addition
NAME Street Address			NAM STRE	EET ADDRESS				
CITY-ST-ZIP				(-ST-ZIP				
TITLE		□ De	etete TITL	E			☐ Change	Addition
NAME			NAM	I .				
STREET ADDRESS CITY-ST-ZIP			•	EET ADDRESS /-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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 purplet like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D TYPES OR PRINTED NAME OF SIGNING OFFICER DRIDIRECTOR

☐ Delete

11/25/8 X

Daytime Phone #

☐ Change

☐ Addition