2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007
Secretary of State

DOCUMENT# P05000067284

Entity Name: PLASTICSURGERYAFTERBARIATRICSURGERY.COM, INC.

Current Principal Place of Business:

649 SW 8TH TERRACE
FORT LAUDERDALE, FL 33315 US

New Principal Place of Business:

5079 N DIXIE HWY
#307
OAKLAND PARK, FL 33334 US

Current Mailing Address:

649 SW 8TH TERRACE
FORT LAUDERDALE, FL 33315 US

New Mailing Address:

5079 N DIXIE HWY
#307
OAKLAND PARK, FL 33334 US

FEI Number: 20-2804731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LASRIS, LEE F ESQ.
FRANK, WEINBERG & BLACK, PL
7805 SW SIXTH COURT
PLANTATION, FL 33324 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/S ( ) Delete
Name: REVIS, DON M.D.
Address: 649 SW 8TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: D ( ) Delete
Name: REVIS, DON M.D.
Address: 649 SW 8TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33315 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: REVIS, DON M.D.
Address: 5079 N DIXIE HWY #307
City-St-Zip: OAKLAND PARK, FL 33334 US

Title: D (X) Change ( ) Addition
Name: REVIS, DON M.D.
Address: 5079 N DIXIE HWY #307
City-St-Zip: OAKLAND PARK, FL 33334 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: DON REVIS MD P/S 05/21/2007

Electronic Signature of Signing Officer or Director Date