2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P05000067284

Entity Name: PLASTICSURGERYAFTERBARIATRICSURGERY.COM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2500 N FEDERAL HWY
SUITE 301
FORT LAUDERDALE, FL 33305 US

Current Mailing Address:

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

New Mailing Address:

2500 N FEDERAL HWY
SUITE 301
FORT LAUDERDALE, FL 33305 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: D ( ) Delete
Name: REVIS, DON M.D.
Address: 5079 N DIXIE HWY #307
City-St-Zip: OAKLAND PARK, FL 33334 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: REVIS, DON M.D.
Address: 2500 N FEDERAL HWY, SUITE 301
City-St-Zip: FORT LAUDERDALE, FL 33305 US

Title: D (X) Change ( ) Addition
Name: REVIS, DON M.D.
Address: 2500 N FEDERAL HWY, SUITE 301
City-St-Zip: FORT LAUDERDALE, FL 33305 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: DONALD R REVIS JR DR 04/28/2008

Electronic Signature of Signing Officer or Director Date