


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90078 002 \*\*\*150.00


**DOCUMENT # P05000100593**

1. Entity Name  
**FLORIDA DERMATOLOGIC SURGERY AND AESTHETICS INSTITUTE, PA**



Principal Place of Business <b>OAKLAND HILLS PROFESSIONAL CENTER          STE 204 13940 US 441          THE VILLAGES, FL 32159</b>	Mailing Address <b>OAKLAND HILLS PROFESSIONAL CENTER          STE 204 13940 US 441          THE VILLAGES, FL 32159</b>
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3157425</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HASSANEIN, ASHRAF M  
 OAKLAND HILLS PROFESSIONAL CENTER  
 STE 204 13940 US 441  
 THE VILLAGES, FL 32159**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

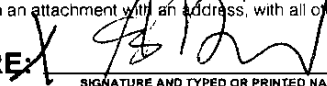
<b>FILE NOW!!! FEE IS \$150.00        After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing ---Trust Fund Contribution. --- <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSANEIN, ASHRAF M 3122 SW 125TH ST ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 all other like empowered.

**SIGNATURE**  **Ashraf HASSANEIN** **1/29/07** **352-430-25**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #