

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015160

FILED
May 07, 2009
Secretary of State

Entity Name: ATLANTIC COAST PLASTIC SURGERY, PA

Current Principal Place of Business:

641 UNIVERSITY BLVD.
#103
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

224 LONE PINE DRIVE
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 20-4299158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANE, THOMAS A
224 LONE PINE DRIVE
PALM BEACH GARDENS, FL 33410 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: D,P () Delete
Name: PANE, THOMAS A
Address: 224 LONE PINE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THOMAS A. PANE

OWNE

05/07/2009

Electronic Signature of Signing Officer or Director

Date