2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055128

Entity Name: NAPLES COSMETIC SURGERY CENTER, INC.

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6101 PINE RIDGE ROAD
NAPLES, FL 34119 US 6101 PINE RIDGE ROAD
SUITE 15

NAPLES, FL 34119 US

Current Mailing Address: New Mailing Address:

6101 PINE RIDGE ROAD
NAPLES, FL 34119 US
6101 PINE RIDGE ROAD
SUITE 15

NAPLES, FL 34119 US

FEI Number: 64-0961175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TURK, ANDREW E
6101 PINE RIDGE ROAD
NAPLES, FL 34119 US
TURK, ANDREW E
6101 PINE RIDGE ROAD
SUITE 15
NAPLES, FL 34119 US

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: JOANN FAVILLO 01/24/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: DR (X) Change () Addition

 Name:
 TURK, ANDREW E
 Name:
 TURK, ANDREW E

 Address:
 1601 PINE RIDGE ROAD
 Address:
 1601 PINE RIDGE ROAD

 City-St-Zip:
 NAPLES, FL 34119 US
 City-St-Zip:
 NAPLES, FL 34119 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: JOANN FAVILLO MRS. 01/24/2008