

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055128

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** NAPLES COSMETIC SURGERY CENTER, INC.

**Current Principal Place of Business:**

6101 PINE RIDGE ROAD  
SUITE 15  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

6101 PINE RIDGE ROAD  
SUITE 15  
NAPLES, FL 34119 US

**New Mailing Address:**

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

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

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

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

TURK, ANDREW E M.D.  
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: ANDREW E. TURK, M.D.

04/27/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: TURK, ANDREW E M.D.  
Address: 1601 PINE RIDGE ROAD  
City-St-Zip: NAPLES, FL 34119 US

I hereby 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 all other like empowered.

SIGNATURE: ANDREW E. TURK, M.D.

PSTD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date