

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90016 009 ***158.75

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1. Entity Name

BENEDETTI COSMETIC SURGERY, P.A.



Principal Place of Business

5665 SUMMIT STREET
WEST LINN OR 97068

Mailing Address

5665 SUMMIT STREET
WEST LINN OR 97068



2. Principal Place of Business - No P.O. Box #

Carillon Outpatient Center 900 Carillon Parkway

3. Mailing Address

Suite, Apt. #, etc.
Suite 409

1st MOORE

CR2E034 (10/07)

City & State
St. Petersburg FL

City & State
Florida

4. FEI Number
26-1232990

Applied For

Not Applicable

Zip
33716

Country
USA

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANELLI, DENNIS E
100 S ASHLEY DRIVE SUITE 1900
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name Gary A. Gibbons

Street Address (P.O. Box Number is Not Acceptable)

3321 Henderson Blvd.

City Tampa

FL

Zip Code

33609

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

Gary A. Gibbons

2/26/08

Signature and typed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when not a director)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Director
NAME Jeremy A. Benedetti
STREET ADDRESS as above
CITY-ST-ZIP

TITLE President
NAME Jeremy A. Benedetti
STREET ADDRESS same
CITY-ST-ZIP

TITLE Secretary
NAME Jeremy A. Benedetti
STREET ADDRESS same
CITY-ST-ZIP

TITLE Treasurer
NAME Jeremy A. Benedetti
STREET ADDRESS same
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jeremy A. Benedetti

Jeremy A. Benedetti 2/20/08

503-833-2594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone