

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000095627

FILED
Mar 09, 2009
Secretary of State

Entity Name: BENEDETTI COSMETIC SURGERY, P.A.

Current Principal Place of Business:

CURILLON OUTPATIENT CENTER
SUITE 409
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

CARILLON OUTPATIENT CENTER
SUITE 409
SAINT PETERSBURG, FL 33716

Current Mailing Address:

CURILLON OUTPATIENT CENTER
SUITE 409
SAINT PETERSBURG, FL 33716

New Mailing Address:

CARILLON OUTPATIENT CENTER
SUITE 409
SAINT PETERSBURG, FL 33716

FEI Number: 26-1232990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBONS, GARY A
3321 HENDERSON BLVD.
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENEDETTI, JEREMY
Address: 100 S ASHLEY DRIVE SUITE 1900
City-St-Zip: TAMPA, FL 33606

Title: 9 () Delete
Name: BUNEDETTI, JEREMY
Address: 100 S ASHLEY DRIVE SUITE 1900
City-St-Zip: TAMPA, FL 33606

Title: S () Delete
Name: BENEDETTI, JEREMY
Address: 100 S ASHLEY DRIVE SUITE 1900
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: BENEDETTI, JEREMY
Address: 100 S ASHLEY DRIVE SUITE 1900
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JEREMY A. BENEDETTI MD

D

03/09/2009

Electronic Signature of Signing Officer or Director

Date