

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007361

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** SCHAFFER PLASTIC SURGERY, P.A.

**Current Principal Place of Business:**

19 WINSTON DRIVE  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

19 WINSTON DRIVE  
CLEARWATER, FL 33756 US

**New Mailing Address:**

**FEI Number:** 26-1791685      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHAFFER, CHRISTOPHER J  
19 WINSTON DRIVE  
CLEARWATER, FL 33756 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHAFFER, CHRISTOPHER J  
Address: 19 WINSTON DRIVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: VP  
Name: SCHAFFER, CHRISTOPHER J  
Address: 19 WINSTON DRIVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: T  
Name: SCHAFFER, CHRISTOPHER J  
Address: 19 WINSTON DRIVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: SEC  
Name: SCHAFFER, CHRISTOPHER J  
Address: 19 WINSTON DRIVE  
City-St-Zip: CLEARWATER, FL 33756 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: CHRISTOPHER J. SCHAFFER

PRES

04/26/2011

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

\_\_\_\_\_ Date