2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2011
Secretary of State

DOCUMENT# P10000074196

Entity Name: GULF COAST PLASTIC & RECONSTRUCTIVE SURGERY, INC.

Current Principal Place of Business:

2505 HARRISON AVE
PANAMA CITY, FL 32405

New Principal Place of Business:

2505 HARRISON AVE
PANAMA CITY, FL 32405 UN

Current Mailing Address:

2505 HARRISON AVE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, JON R
2505 HARRISON AVE
PANAMA CITY, FL 32405 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: D
Name: WARD, JON R
Address: 2505 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: STICKLER, MICHAEL A
Address: 2505 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

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: JON R WARD PRES 08/01/2011
Electronic Signature of Signing Officer or Director Date