

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000007471

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** ELITE PLASTIC SURGERY P.A.

**Current Principal Place of Business:**

21097 NE 27TH CT.  
SUITE 335  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21097 NE 27TH CT.  
SUITE 335  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 26-4188107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIMITRI, LEA S  
888 SE 3RD AVE.  
SUITE 400  
FT. LAUDERDALE, FL 33316 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: SALAMA, MOISES MD  
Address: 3187 NE 211TH ST.  
City-St-Zip: AVENTURA, FL 33180

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: MOISES SALAMA

P

04/26/2012

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

\_\_\_\_\_  
Date