

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000041673

FILED  
Mar 10, 2010  
Secretary of State

**Entity Name:** PONTE VEDRA PLASTIC SURGERY, P.A.

**Current Principal Place of Business:**

209 PONTE VEDRA PARK DR  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

209 PONTE VEDRA PARK DR  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

**FEI Number:** 59-3193989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAIRBANKS, RANDAL C  
50 NORTH LAURA STREET  
SUITE 2500  
JACKSONVILLE, FL 32202 US

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

FAIRBANKS, RANDAL C  
113 NATURE WALK PARKWAY  
SUITE 103  
ST. AUGUSTINE, FL 32092 US

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:**

03/10/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** SNYDER, BRETT J MD  
**Address:** 209 PONTE VEDRA PARK DR.  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** DVP  
**Name:** RUMSEY, C. CAYCE III, MD  
**Address:** 209 PONTE VEDRA PARK DR.  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** DVPS  
**Name:** BURK, ROBERT W III, MD  
**Address:** 209 PONTE VEDRA PARK DR  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** DVPT  
**Name:** SCIOSCIA, PAUL J MD  
**Address:** 209 PONTE VEDRA PARK DRIVE  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

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:** BRETT J. SNYDER, MD

DP

03/10/2010

Electronic Signature of Signing Officer or Director

Date