

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086441

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: COSMETIC SURGERY CENTER, P.A.

**Current Principal Place of Business:**

3109 STIRLING ROAD  
SUITE 100  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3109 STIRLING ROAD  
SUITE 100  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 65-0459599      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SINGER, BERNARD A  
3109 STIRLING ROAD  
SUITE 100  
FORT LAUDERDALE, FL 33312 US

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

SINGER, BERNARD A  
3107 STIRLING ROAD  
SUITE 105  
FORT LAUDERDALE, FL 33312 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: \_\_\_\_\_ 03/24/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: EDISON, RICHARD B  
Address: 3109 STIRLING ROAD, SUITE 100  
City-St-Zip: FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RICHARD B EDISON      P      03/24/2009  
Electronic Signature of Signing Officer or Director      Date