## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P94000031619

FILED Apr 24, 2007 Secretary of State

Entity Name: PREMIERE CENTER FOR COSMETIC SURGERY OF COCONUT GROVE, INC.

Current Principal Place of Business: New Principal Place of Business:

3370 MARY STREET COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

2665 EXECUTIVE PARK DRIVE 2665 EXECUTIVE PARK DRIVE FORT LAUDERDALE, FL 33331 SUITE 1

FORT LAUDERDALE, FL 33331 US

FEI Number: 65-0487935 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PEARL, MARC H
2665 EXECUTIVE PARK DRIVE
FORT LAUDERDALE, FL 33331 US

MCALLISTER, VALERIE
2665 EXECUTIVE PARK DRIVE
SUITE 1
FORT LAUDERDALE, FL 33331 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: VALERIE MCALLISTER 04/24/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: DPST (X) Change ( ) Addition

Name: PEARL, MARC H Name: MCALLISTER, VALERIE

Address: 3370 MARY ST Address: 2665 EXECUTIVE PARK DRIVE, SUITE 1

City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: WESTON, FL 33331 US

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: VALERIE MCALLISTER P 04/24/2007

Electronic Signature of Signing Officer or Director

Date