

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000031619

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3370 MARY STREET  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3370 MARY STREET  
COCONUT GROVE, FL 33133 US

**New Mailing Address:**

3370 MARY STREET  
COCONUT GROVE, FL 33133

**FEI Number:** 65-0487935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCALLISTER, VALERIE  
3370 MARY STREET  
MIAMI, FL 33133 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: DPST  
Name: MCALLISTER, VALERIE  
Address: 3370 MARY STREET  
City-St-Zip: COCONUT GROVE, FL 33133 US

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: VALERIE MCALLISTER

CEO

03/03/2011

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

\_\_\_\_\_  
Date