

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031821

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** IMAGOS INSTITUTE OF PLASTIC SURGERY, INC.

**Current Principal Place of Business:**

9955 N KENDALL DR  
STE 203  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

9955 N KENDALL DR  
STE 203  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 65-0484683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ-GURRI, JOSE A.  
9955 N KENDALL DR  
2ND FLOOR  
MIAMI, FL 33176 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: PS  
Name: PEREZ-GURRI, JOSE A.  
Address: 9955 N KENDALL DR, STE 203  
City-St-Zip: MIAMI, FL 33176

Title: VPT  
Name: PEREZ-GURRI, KATHY  
Address: 9955 N KENDALL DR, STE 203  
City-St-Zip: MIAMI, FL 33176

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: KATHY PEREZ GURRI

VP

03/12/2012

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

\_\_\_\_\_  
Date