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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90044 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000079868

1. Corporation Name
FACIAL PLASTIC & ENT SURGICAL ASSOCIATES, INC.



Principal Place of Business
 4130 SALISBURY RD.
 STE. 1900
 JACKSONVILLE FL 32216
 US

Mailing Address
 4130 SALISBURY RD.
 STE 1900
 JACKSONVILLE FL 32216
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/31/1994

4. FEI Number
59-3285021

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROCK, RICHARD D
1301 RIVERPLACE BLVD
STE 2400
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE

NAME **WILKINSON, ALBERT H**
 STREET ADDRESS **836 PRUDENTIAL DR STE 807**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

1.1 TITLE Change Addition

TITLE **D** DELETE

NAME **LISSKA, LAWRENCE A**
 STREET ADDRESS **4130 SALISBURY RD, STE 1900**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

2.1 TITLE Change Addition

TITLE **D** DELETE

NAME **LOPER, MICHAEL**
 STREET ADDRESS **1820 BARRS STREET STE 322**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

3.1 TITLE Change Addition

TITLE **D** DELETE

NAME **FREY, MARK D**
 STREET ADDRESS **1820 BARRS STREET SUITE 610**
 CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE Change Addition

TITLE DELETE

NAME **BRINK, JEFFREY E.**
 STREET ADDRESS **1370 13TH AVE. S SUITE 213**
 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

5.1 TITLE Change Addition

TITLE DELETE

NAME **TRIMAS, SCOTT J.**
 STREET ADDRESS **1370 13TH AVE S. SUITE 213**
 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

6.1 TITLE Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Albert H. Wilkinson*

Feb 22 1999 9042810234

CR2E034 (11/98)