## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90044 009 \*\*\*150.00

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1. Corporation Name

FACIAL PLASTIC & ENT SURGICAL ASSOCIATES, INC.

Principal Place	of Business	Mailing Address			1 14511041 118 1811 4191 4191 4191 4191		
4130 SALISBUR		4130 SALISBURY RD.					
STE, 1900	. ne.	STE 1900					
<b>JACKSONVILLE</b>	FL 32216	JACKSONVILLE FL 32216			DO NOT WRITE IN THIS SPACE		
US		US			3. Date incorporated or Qualifed		
					10/31/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			<b>59-3285021</b> Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional		
22		27			5. Certificate of Status Desired - Fee Required		
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	,	This corporation owes the current year Intengable		
24	25	29 30			Personal Property Tax. Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
			81	Name	•		
	CK, RICHARD D		82	Street	Address (P.O. Box Number is Not Acceptable)		
1301	RIVERPLACE BLVD		02	Jueel	(Oldandaria in 1901) (Oldandaria)		
STE	2400		83				
JACK	(SONVILLE FL 32207		<u> </u>	<u> </u>	[A-1 75 A-1		
			84	City	FL 85 Zip Code		
44 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-named	comporation submits this statement for the numose of changing its registered		
i office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	onzed by	the corpo	oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE					equired when rejostating) DATE		
<u></u>	Signature, typed or printed name of registered agent			ent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D AND COME AS DEDT II	- Detere		1			
NAME	WILKINSON, ALBERT H		1.2 NAME				
\$TREET ADDRESS	836 PRUDENTIAL DR STE 807	1	1.3 STREE	TADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207		14 CITY-5	ST-ZIP	☐ Change ☐ Addition		
TITLE !	D	☐ DELETE	2.1 TIFLE	j	Change [] Adding		
NAME	LISSKA, LAWRENCE A		2.2 NAME				
STREET ADDRESS	4130 SALISBURY RD, STE 1900		2.3 STREE	TADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32216		2. 4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME	LOPER, MICHAEL		3.2 NAME				
STREET ADDRESS	1820 BARRS STREET STE 322		3.3 STREE	TADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32204		3.4. CITY-				
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition		
NAME	FREY, MARK D	- <del>-</del>	4. 2 NAME	·			
Į i	1820 BARRS STREET SUITE 610	1		T ADDRESS			
STREET ADDRESS		,	Į.				
CITY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	4.4 CITY-5	51-ZIP	D ☐ Change ☑ Addition		
TITLE	}	□ DELETE	5.1 TITLE 5.2 NAME		BRINK, JEFFREY E.		
NAME			1	ET ADDRESS	1370 13TH AUE. S Suits 213		
STREET ADDRESS		I					
CITY-ST-ZIP			5.4 CITY-5	SI-ZIP	JACKSONVILLE BEACH, FL 32250		
TITLE		☐ DELETE	61 TITLE		Change (3KAdditiv		
NAME			6.2 NAME		1370 13TH AUE S. GUITE 213		
STREET ADDRESS	}	!	6.3 STREE	T ADDRESS	1370 13TH AUE 3. SUITE 213		
CITY-ST. 7IP			6.4 CITY-	ST-ZiP	JACKSONVILLE BEACH, FL 32250		

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:

Laund Joskim.

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CR2E034 (11/98)