

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000064905 (9)**

1. Corporation Name

**COCONUT GROVE PLASTIC SURGERY INC.**



Principal Place of Business

Mailing Address

**2912 SW 27 AVE  
MIAMI FL 33133**

**2912 SW 27 AVE  
MIAMI FL 33133**

3. Date Incorporated or Qualified

**08/22/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0603115**

Applied For

Not Applicable

Site, Apt. #, etc.

Site, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

22

27

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

23

28

24

25

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORRIS, KELLY  
2912 SW 27 AVE  
MIAMI FL 33133**

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 in Block 12 or Block 13, as applicable.

Date typed or printed in Block 13, as applicable.

**3/30/96**

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DELETE

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**PD  
PERSOFF, MARIA T  
2912 SW 27 AVE  
COCONUT GROVE FL 33133**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

**PRESIDENT & SECRETARY  
KELLY ANNE NORRIS  
2912 S.W. 27th AVE.  
COCONUT GROVE, FL. 33133-3704**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**VD  
NORRIS, KELLY A  
2912 SW 27 AVE  
COCONUT GROVE FL 33133**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

**VICE-PRESIDENT  
JOSEFA G. NUNEZ  
2912 S.W. 27th AVE.  
COCONUT GROVE, FL. 33133-3704**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/96**

**305/567-2889**

DATE

PHONE NUMBER

**KELLY ANNE NORRIS, PRESIDENT**

CR2E034 (12/95)