2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000008214

Entity Name: WESTON PLASTIC SURGERY, INC.

FILED Mar 10, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2300 N. CO	OMMERCE F	PKWY			
	FL 33326	US			
Current M	lailing Addr	ess:	New Mailing Address:	New Mailing Address:	
	OMMERCE F	PKWY			
202 WESTON,	FL 33326	US			
FEI Number:	: 65-0640145	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
ROTHFIELD, ROBERT E M.D. 1845 N CORPORATE LAKES BLVD STE B WESTON, FL 33326 US			2300 NORTH COMMER 202	ROTHFIELD, ROBERT E M.D. 2300 NORTH COMMERCE PKWY 202 WESTON, FL 33326 US	
	named entit e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				03/10/2002	
Electronic Signature of Registered Agent			gent	Date	
		to satisfy its Intangible Tax filing reng Trust Fund Contribution ().	equirement and elects to do so (X).		
	S AND DIRE	• ,,	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROTHFIELD,) Delete ROBERT E M.D. MERCE PKWY, #202 33326	Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT ROTHFIELD PRES 03/10/2002