


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P96000008214 1. Entity Name WESTON PLASTIC SURGERY, INC. |  |
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| Principal Place of Business 2300 N. COMMERCE PKWY 202 WESTON, FL 33326 US | Mailing Address 2300 N. COMMERCE PKWY 202 WESTON, FL 33326 US |
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DO NOT WRITE IN THIS SPACE



02072004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0640145 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ROTHFIELD, ROBERT E M.D. 2300 NORTH COMMERCE PKWY 202 WESTON, FL 33326 | DO NOT WRITE IN THIS SPACE |
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees. | U00000074401 03/03/04-80018-001 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROTHFIELD, ROBERT E M.D. 2300 N. COMMERCE PKWY, #202 WESTON, FL 33326 |
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**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 12/12/04 Daytime Phone # 954-389-7949