

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90057 021 \*\*\*150.00

**DOCUMENT # P96000008214**

1. Entity Name  
**WESTON PLASTIC SURGERY, INC.**



Principal Place of Business  
**2300 N. COMMERCE PKWY  
202  
WESTON, FL 33326 US**

Mailing Address  
**2300 N. COMMERCE PKWY  
202  
WESTON, FL 33326 US**



02042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0640145**

Applied For  
Not Applicable

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

**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**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROTHFIELD, ROBERT E M.D.  
2300 N. COMMERCE PKWY, #202  
WESTON, FL 33326**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** **Robert E. Rothfield, MD** **12/17/06** **984-389-7995**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #