


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90241 006 ***150.00

DOCUMENT # P96000076331		
1. Entity Name INSTITUTE OF AESTHETIC SURGERY, PROFESSIONAL ASSOCIATION		

Principal Place of Business 400 CELEBRATION PLACE A-320 CELEBRATION, FL 34747 US	Mailing Address 400 CELEBRATION PLACE A-320 CELEBRATION, FL 34747 US
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DO NOT WRITE IN THIS SPACE



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3404321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY A. CHAIRES ESQ.
~~4936 LEE ROAD~~ 283 Cranes Roost Blvd, #165
 SUITE 101
~~WINTER PARK, FL 32790~~ ALTAMONTE SPRINGS, FL
 32701

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B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GREGORY, RICHARD O 400 CELEBRATION PLACE, SUITE A310 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Richard O Gregory* 3-28-07 407-308-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #