

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000076331

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** INSTITUTE OF AESTHETIC SURGERY, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

400 CELEBRATION PLACE  
A-320  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 CELEBRATION PLACE  
A-320  
CELEBRATION, FL 34747 US

**New Mailing Address:**

**FEI Number:** 59-3404321      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREGORY A. CHAIRES ESQ.  
283 CRANES ROOST BLVD, #165  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: GREGORY, RICHARD O  
Address: 400 CELEBRATION PLACE, SUITE A320  
City-St-Zip: CELEBRATION, FL 34747

I hereby 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 all other like empowered.

SIGNATURE: RICHARD O. GREGORY

PTD

01/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date