


05/12/2006 11:52 5618333235

RACHLIN COH

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90031 029 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P97000010699														
1. Entity Name ADLER FAC AL PLASTIC SURGERY, P.A.														
Principal Place of Business 323B OSCEOLA ST. STUART, FL 34934			Mailing Address 323B OSCEOLA ST. STUART, FL 34994											
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.											
City & State			City & State											
Zip		Country		Zip										
				Country										
4. FEI Number 65-0719327				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  ADLER, STEPHEN C 4426 SW OAK HAVEN LN PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code											
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 _____ (NOTE: Registered Agent signature required when reinstating)														
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)														
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees										
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.														
10. OFFICERS AND DIRECTORS														
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11														
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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 as an attachment with an address, with all other like empowered.														
SIGNATURE: _____ 5/15/06 772-546-3222														
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____														

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05112006 Chg-P CR2E034 (11/05)