2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# P97000044180

Entity Name: OUTPATIENT PLASTIC SURGERY CENTER, INC.

Current Principal Place of Business:

1620 S CONGRESS AVE STE 101
PALM SPGS, FL 33461 US

New Principal Place of Business:

1620 S CONGRESS AVE STE 101
PALM SPRINGS, FL 33461 US

Current Mailing Address:

1620 S CONGRESS AVE STE 101
PALM SPGS, FL 33461 US

New Mailing Address:

1620 S CONGRESS AVE STE 101
PALM SPRINGS, FL 33461 US

FEI Number: 65-0789191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, JEFFREY
54 NE 4 AVE
DELRAY BCH, FL 33483 US

Name and Address of New Registered Agent:

SINGER, MICHAEL S ESQ
3801 PGA BOULEVARD
SUITE 604
PALM BEACH GARDENS, FL 33410 US

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: MICHAEL S. SINGER 05/13/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PILLERSCLORF, ALAN
Address: 13343 DOUBLETREE CIR
City-St-Zip: WEST PALM BCH, FL 33414

Title: VP ( ) Delete
Name: VINAS, LUIS
Address: 50 HARBOUR DR SOUTH
City-St-Zip: OCEAN RIDGE, FL 33435

Title: S (X) Delete
Name: EIDELMAN, DOV M.D.
Address: 11726 PARADISE COVE LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PILLERSDORF, ALAN
Address: 13343 DOUBLETREE CIR
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: VP (X) Change ( ) Addition
Name: EIDELMAN, DOV
Address: 11726 PARADISE COVE LANE
City-St-Zip: WELLINGTON, FL 33414 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN PILLERSDORF P 05/13/2009
Electronic Signature of Signing Officer or Director Date