


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90040 024 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000046342**

1. Corporation Name

**PLASTIC SURGEONS, INC.**

Principal Place of Business

**5111-6 BAYMEADOWS ROAD**  
**SUITE 251**  
**JACKSONVILLE FL 32217**

Mailing Address

**5111-6 BAYMEADOWS ROAD**  
**SUITE 251**  
**JACKSONVILLE FL 32217**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/20/1998**

4. FEI Number

**59-3510866**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

**21 6028 Chester Ave.**  
**Suite, Apt. #, etc. 204**  
**City & State JACKSONVILLE, FL**  
**Zip 32207 Country USA**

2a. Mailing Address

**2a. 6028 Chester Ave.**  
**Suite, Apt. #, etc. 204**  
**City & State JACKSONVILLE, FL**  
**Zip 32207 Country USA**

23. JACKSONVILLE, FL

28. JACKSONVILLE, FL

24. 32207 25. USA

29. 32207 30. USA

9. Name and Address of Current Registered Agent

**ROBERSON, JAMES M**  
**5111-6 BAYMEADOWS ROAD**  
**SUITE 251**  
**JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERSON, JAMES M</b>	
STREET ADDRESS	<b>5111-6 BAYMEADOWS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/30/99

Date

(904) 260-1779

Daytime Phone #

CR2E034 (11/98)