

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90054 005 \*\*\*550.00

0003124 AV

**DOCUMENT # P98000046342**

1. Entity Name  
**PLASTIC SURGEONS, INC.**

Principal Place of Business <b>6028 CHESTER AVE</b> <b>#204</b> <b>JACKSONVILLE FL 32207</b> <b>US</b>	Mailing Address <b>6028 CHESTER AVE</b> <b>#204</b> <b>JACKSONVILLE FL 32207</b> <b>US</b>
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2. Principal Place of Business <i>6055 Chester Ave</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JAX FL</b>	City & State
Zip <b>32217</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-3510866** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required.**

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.

SIGNATURE *[Signature]* **No Change** DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>ROBERSON, JAMES M</b> <b>5111-6 BAYMEADOWS ROAD</b> <b>JACKSONVILLE FL 32217</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6055 Chester Ave</b> <b>JAX, FL 32217</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **PSTD/IRED** **9/4/01** **904-260-7979**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)