2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064733

Entity Name: PLASTIC SURGERY OF JUPITER, P.A.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

210 JUPITER LAKES BLVD.

BUILDING 5000, SUITE 202

4600 MILITARY TRAIL
SUITE 202

SUITE 202

JUPITER, FL 33458 JUPITER, FL 33458

Current Mailing Address: New Mailing Address:

210 JUPITER LAKES BLVD.

BUILDING 5000, SUITE 202

JUPITER, FL 33458

4600 MILITARY TRAIL
SUITE 202

JUPITER, FL 33458

JUPITER, FL 33458

FEI Number: 65-0852403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KOGER, KIM E
210 JUPITER LAKES BLVD
BLDG 5000 STE 202
JUPITER, FL 33458 US

KOGER, KIM E
4600 MILITARY TRAIL
STE 202
JUPITER, FL 33458 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: KIM EDWARD KOGER, M.D. 03/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: MD (X) Change () Addition

Name: EDWARD KOGER, KIM DR Name: KOGER, KIM E

Address: 210 JUPITER LAKES BLVD BLG 5000 STE 202 Address: 4600 MILITARY TRAIL , SUITE 202

City-St-Zip: JUPITER, FL 33458 City-St-Zip: JUPITER, FL 33458

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: KIM EDWARD KOGER, M.D. DR 03/23/2009