

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037891

FILED
Mar 24, 2004
Secretary of State

Entity Name: PREFERRED PLASTIC SURGERY OF ORLANDO, P.A.

Current Principal Place of Business:

220 E. CENTRAL PARKWAY
STE 2020
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

220 E. CENTRAL PARKWAY
STE 2020
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3549134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELLOCK, ROBERT J
7575 DR. PHILLIPS BLVD. STE. 365
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

FIALA, THOMAS G MD
220 E. CENTRAL PARKWAY
STE 2020
ORLANDO, FL 32701 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: THOMAS G FIALA, MD

03/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FIALA, THOMAS
Address: 854 LAKE MARION DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS G FIALA, MD

D

03/24/2004

Electronic Signature of Signing Officer or Director

Date