

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089918

1. Entity Name

THE PLASTIC SURGERY INSTITUTE OF FLORIDA, P.A.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90158 025 \*\*\*158.75

Principal Place of Business Mailing Address  
FLA. HOSPITAL MEDICAL PLAZA.1603 S. HIAWAS SEE RD. FLA. HOSPITAL MEDICAL PLAZA.1603 S. HIAWAS  
ORLANDO FL 32835 SEE RD. ORLANDO FL 32835

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite 135 Suite, Apt. #, etc. Suite 135

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3602647 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

PREVEL, CHRISTOPHER D MD,FACS  
8216 WELLSMERE CIRCLE  
ORLANDO FL 32835

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PTS PREVEL, CHRISTOPHER D MD 8216 WELLSMERE CIRCLE ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Christopher D Prevel MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x 02-17-2000 x (407) 445-1860*  
Date Daytime Phone #

CR2E034 (9/99)