

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000096472

FILED
Apr 24, 2007
Secretary of State

Entity Name: PREMIERE CENTER FOR COSMETIC SURGERY OF TAMPA, INC.

Current Principal Place of Business:

2665 EXECUTIVE PARK DR.
WESTON, FL 33331

New Principal Place of Business:

2665 EXECUTIVE PARK DR.
SUITE 1
WESTON, FL 33331 US

Current Mailing Address:

2665 EXECUTIVE PARK DR.
WESTON, FL 33331

New Mailing Address:

2665 EXECUTIVE PARK DR.
SUITE 1
WESTON, FL 33331 US

FEI Number: 65-0970227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARL, MARC H
2665 EXECUTIVE PARK DR.
WESTON, FL 33331 US

Name and Address of New Registered Agent:

MCALLISTER, VALERIE
2665 EXECUTIVE PARK DR., SUITE 1
WESTON, FL 33331 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: VALERIE MCALLISTER

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEARL, MARC H
Address: 2665 EXECUTIVE PARK DRIVE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: MCALLISTER, VALERIE
Address: 2665 EXECUTIVE PARK DRIVE, SUITE 1
City-St-Zip: WESTON, FL 33331 US

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: VALERIE MCALLISTER

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date