2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-05-2008 90034 047 ***150.00
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3.

FILED
2008 APR 11 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
660U004

1st MOORE CR2E034 (10/07)

DOCUMENT # P99000096472

1. Entity Name

PREMIERE CENTER FOR COSMETIC SURGERY OF TAMPA, INC.

Principal Place of Business	Mailing Address
2665 EXECUTIVE PARK DR. SUITE 1 WESTON FL 33331 US	2665 EXECUTIVE PARK DR. SUITE 1 WESTON FL 33331 US
2. Principal Place of Business - No P.O. Box #: 3370 Mary Street	3. Mailing Address: 3370 Mary Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Grove FL	City & State: Coconut Grove FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number: 65-0970227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 3370 Mary St.

City: Coconut Grove FL Zip Code: 33133

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DPST ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MCALLISTER, VALERIE	NAME	
STREET ADDRESS	2665 EXECUTIVE PARK DRIVE, SUITE 1	STREET ADDRESS	3370 Mary St.
CITY-ST-ZIP	WESTON FL 33331	CITY-ST-ZIP	Coconut Grove, Fl. 33133
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie McAllister 3/15/08 305 443 3370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #