2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# S33149

Entity Name: LAURENCE I. ARNOLD, M.D., P.A.

Current Principal Place of Business:

5353 N. FEDERAL HWY.
SUITE 301
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5353 N. FEDERAL HWY.
SUITE 301
FT. LAUDERDALE, FL 33308

New Mailing Address:

98 CREEKSIDE DR
MAGGIE VALLEY, NC 28751

FEI Number: 65-0245535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLASTIC SURGERY ASSOC. OF FT. LAUDERDALE
% LAURENCE I. ARNOLD, MD, FACS
5353 N. FEDERAL HWY., SUITE 301
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: ARNOLD, LAURENCE I,
Address: 5353 N FEDERAL HWY, STE. 301
City-St-Zip: FORT LAUDERDALE, FL 33308

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 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: LAURENCE I ARNOLD PRES 01/12/2007

Electronic Signature of Signing Officer or Director — Date