

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S44671

1. Entity Name
**AESTHETIC PLASTIC SURGEONS OF NORTH FLORIDA,
P.A.**



Principal Place of Business
**4400 BAYOU BLVD., SUITE 23A
PENSACOLA, FL 32503**

Mailing Address
**4400 BAYOU BLVD., SUITE 23A
PENSACOLA, FL 32503**



03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3062636

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, KIRK M MD
4400 BAYOU BLVD.
SUITE 23A
PENSACOLA, FL 32503**

**DO NOT WRITE
IN THIS SPACE**

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 certifying)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**U00000497520
04/22/06-80058-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, KIRK M MD
4400 BAYOU BLVD #23A
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Kirk M. Smith MD **KIRK M. SMITH MD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06
Date

850-476-5623
Daytime Phone #