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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90114 023 \*\*\*150.00

DOCUMENT # V32023				02-18-1999 90114 023 ***	150.00
1. Corporation Name					
PLASTI	C SURGERY SPECIALISTS,	P.A.			
				1 18651 BLIAGO HEID HEDIS BARRO HOND HEIL BERGE	I BOBYL BOBYL BYBYL BOBYL BYBYL (B.B.)
Principal Pla	ce of Business	Mailing Address			
851 W MORSE BLVD 200 S ORANGE AVE					
WINTER PARK FL 32789 STE 2300					
US		ORLANDO FL 32801-3432		DO NOT WRITE IN THI	S SPACE
ĺ		US		Date Incorporated or Qualifed	
2 Principal I	Place of Business	On Mailing Add		04/28/1992	
21	i idee of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.		59-3118553	Not Applicable
22		27		5. Certifcate of Status Desired	\$8.75 Additional  Eee Required
City & Sta	ite	City & State	+-	6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25		30	Personal Property Tax.	¥Yes □No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
A.G.	.C., CO.		81 Name	·-	
200 SOUTH ORANGE AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 2300					
1	ANDO FL 32801		83		
			84 City		85 Zip Code
11 Pureupot	to the provisions of Sections 207 Dec	30 1 007 4500 El		FL	
	JCO. 100 BITOIDUDE ID BIDIBIVOID BID DI				
				poration submits this statement for the purpose of	Changing its registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga			poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	r changing its registered introduced interest as registered
	am familiar with, and accept the obliga	ations of, Section 607.0505, Florida	inorized by the corporation of t	on's board of directors. I hereby accept the appo	r changing its registered intment as registered
agent. I a	m familiar with, and accept the obligations of registered age	ations of, Section 607.0505, Florida	norized by the corporation of the statutes.  Registered Agent signature requires	on's board of directors. I hereby accept the appo	intment as registered
agent. I a SIGNATURE	m familiar with, and accept the obligations of registered age	ations of, Section 607.0505, Florient and title if applicable.  (NOTE: F	inorized by the corporation of t	on's board of directors. I hereby accept the appo	intment as registered  ND DIRECTORS IN 12
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6.4 CITY+ST-ZIP 14. 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 annual report or supplemental annual 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.