2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# V32023

Entity Name: PLASTIC SURGERY SPECIALISTS, P.A.

Current Principal Place of Business:

851 W MORSE BLVD
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

200 S ORANGE AVE
STE 2300
ORLANDO, FL 328013432 US

New Mailing Address:

FEI Number: 59-3118553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A.G.C., CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 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: DPST ( ) Delete
Name: STIEG, FRANK,
Address: 851 W MORSE BLVD
City-St-Zip: WINTER PARK, FL

Title: D ( ) Delete
Name: ROTATORI, SCOTT
Address: 851 W MORSE BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: DV ( ) Delete
Name: POPE, GEORGE H
Address: 851 W. MORSE BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: STIEG, FRANK H MD
Address: 851 W MORSE BLVD
City-St-Zip: WINTER PARK, FL 32789

Title: DS (X) Change ( ) Addition
Name: ROTATORI, DONALD S MD
Address: 851 W MORSE BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: DV (X) Change ( ) Addition
Name: POPE, GEORGE H MD
Address: 851 W. MORSE BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: DT ( ) Change (X) Addition
Name: CICILIONI, ORLANDO J MD
Address: 851 W MORSE BLVD.
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANK H STIEG III, MD DP 04/19/2004

Electronic Signature of Signing Officer or Director Date