

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V32149**

1. Corporation Name

THE PLASTIC SURGERY CENTER OF CLEARWATER, INC.

Principal Place of Business

P O BOX 162
PALM HARBOR FL 34682
US

Mailing Address

P O BOX 162
PALM HARBOR FL 34682
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1992

4. FEI Number

58-1992395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DRESCHNACK, PAUL A. M.D.
32615 US 19N
STE 6
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

PAUL A. DRESCHNACK, MD

82 Street Address (P.O. Box Number is Not Acceptable)

2142 TREVOR RD.

83

84 City

PALM HARBOR FL

85 Zip Code

34683

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/16/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DRESCHNACK, PAUL A. M.D.**

STREET ADDRESS **32615 US 19N**

CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PAUL A. DRESCHNACK, MD
1831 N. BELCHER RD., STE. G1
CLEARWATER, FL 33765

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 trustee 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.

SIGNATURE:

Paul A. Dreschnack

8/16/99

7123 006
727 786 444

CR2E034 (5/99)

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FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90004 013 ***150.00



V32149
609651-90004-13

Paul A. Dreschnack, MD
2142 Trevor Road
Palm Harbor, FL 34683

you DID NOT
Send me a 1ST
NOTICE. I JUST
RECEIVED THIS
RENEWAL. I CALLED
& I WAS TOLD TO
SUBMIT THE
ORIGINAL \$150 -

Paul
Dreschnack