

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32149

1. Entity Name

THE PLASTIC SURGERY CENTER OF CLEARWATER, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90127 040 \*\*\*150.00

Principal Place of Business

Mailing Address

1831 N BELCHER RD  
 G1  
 CLEARWATER FL 33765  
 US

1831 N BELCHER RD  
 G1  
 CLEARWATER FL 33765-1417  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
 34683

Country  
 USA

Zip  
 34683

Country  
 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRESCHNACK, PAUL A. M.D.  
 2142 TREVOR RD  
 PALM HARBOR FL 34683

Name

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

City

FL

Zip Code

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.

SIGNATURE

*Paul A. Dreschnack* *Paul Dreschnack*

3/18/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME DRESCHNACK, PAUL A. M.D.  
 STREET ADDRESS 1831 N BELCHER RD STE G1  
 CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☒ Change ☐ Addition  
 NAME DRESCHNACK, Paul A. M.D.  
 STREET ADDRESS 2142 TREVOR RD  
 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)