

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V50097

FILED
Feb 17, 2006
Secretary of State**Entity Name:** AESTHETIC AND RECONSTRUCTIVE PLASTIC SURGERY, P.A.**Current Principal Place of Business:**3790 7TH TERRACE
101
VERO BEACH, FL 32960**New Principal Place of Business:****Current Mailing Address:**3790 7TH TERRACE
101
VERO BEACH, FL 32960**New Mailing Address:****FEI Number:** 65-0347042**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROSATO, RALPH M
3790 7TH TERRACE
STE 101
VERO BEACH, FL 32960 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**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: ROSATO, RALPH M,
Address: 3790 7TH TERRACE STE 101
City-St-Zip: VERO BEACH, FL 32960**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SECR () Change (X) Addition
Name: ROSATO, CATHERINE R RN
Address: 3790 7TH TERRACE STE 101
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RALPH M ROSATO

D

02/17/2006

Electronic Signature of Signing Officer or Director_____
Date