2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# V70110

Entity Name: PLASTIC SURGERY CENTER OF LAKE COUNTY, P.A.

Current Principal Place of Business:

1879 NIGHTINGALE LANE
SUITE A-2
TAVARES, FL 327783406 US

New Principal Place of Business:

Current Mailing Address:

% DAVID L. SCHICK
P.O. BOX 3068
ORLANDO, FL 32802

New Mailing Address:

% DAVID L. SCHICK
PO BOX 112
ORLANDO, FL 328020112 US

FEI Number: 59-3132127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHICK, DAVID L.
301 E. PINE STREET
STE. 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SCHICK, DAVID L.
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 US

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: _____ 04/25/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPST
Name: BOSSHARDT, RICHARD T
Address: 1879 NIGHTINGALE LANE STE A2
City-St-Zip: TAVARES, FL 327783406

Title: DVP
Name: MARZEK, PETER A
Address: 1879 NIGHTINGALE LANE STE A-2
City-St-Zip: TAVARES, FL 327783406

I hereby 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 all other like empowered.

SIGNATURE: RICHARD T. BOSSHARDT PRES 04/25/2011
Electronic Signature of Signing Officer or Director — Date