

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000032406

**Entity Name:** OPHTHALMIC FACIAL PLASTIC SURGERY SPECIALISTS, P.A.

**Current Principal Place of Business:**

7331 COLLEGE PKWY.  
SUITE 200  
FORT MYERS, FL 33907

**Current Mailing Address:**

7331 COLLEGE PKWY.  
SUITE 200  
FORT MYERS, FL 33907

**FEI Number:** 01-0652664

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAQUIS, STEPHEN JDR  
7331 COLLEGE PKWY.  
SUITE 200  
FORT MYERS, FL 33907 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR  
Name LAQUIS, STEPHEN J  
Address 7331 COLLEGE PKWY., STE. 200  
City-State-Zip: FORT MYERS FL 33907

*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:** STEPHEN LAQUIS

**OFFICER**

**01/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date