2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000051869

Entity Name: LUXE PLASTIC SURGERY P.A.

Current Principal Place of Business:

7000 SW 62ND AVE, SUITE 300 MIAMI, FL 33143

Current Mailing Address:

5333 COLLINS AVE APT.# 1106 MIAMI BEACH, FL 33140 US

FEI Number: 45-5544302

Name and Address of Current Registered Agent:

MORALES, VICTOR A 1111 LINCOLN ROAD 4TH FLOOR MIAMI BEACH, FL 33139 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

Officer/Director Detail :

Title	Ρ	Title	TRE
Name	SALAS, RAFAEL E DR.	Name	SALAS, RAFAEL E DR.
Address	5333 COLLINS AVE, APT 1106	Address	5333 COLLINS AVE, APT 1106
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140
Title	SEC	Title	DIR
Name	SALAS, RAFAEL E DR.	Name	SALAS, RAFAEL E DR.
Address	5333 COLLINS AVE, APT 1106	Address	5333 COLLINS AVE, APT 1106
Oite Otata Zine		City-State-Zip:	MIAMI BEACH FL 33140
City-State-Zip:	MIAMI BEACH FL 33140	Only Otate Zip.	MIAMI DEADIT TE 33140

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: RAFAEL EMERICK SALAS

PRESIDENT

01/28/2013

Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 28, 2013 Secretary of State CC2500605394

Certificate of Status Desired: Yes