

2014 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:

4779 COLLINS AVE
APT.# 507
MIAMI BEACH, FL 33140 US

FEI Number: 45-5544302

Certificate of Status Desired: No

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

Date

Officer/Director Detail :

Title P
Name SALAS, RAFAEL E DR.
Address 4779 COLLINS AVE, APT 507
City-State-Zip: MIAMI BEACH FL 33140

Title TRE
Name SALAS, RAFAEL E DR.
Address 4779 COLLINS AVE, APT 507
City-State-Zip: MIAMI BEACH FL 33140

Title SEC
Name SALAS, RAFAEL E DR.
Address 4779 COLLINS AVE, APT 507
City-State-Zip: MIAMI BEACH FL 33140

Title DIR
Name SALAS, RAFAEL E DR.
Address 4779 COLLINS AVE, APT 507
City-State-Zip: MIAMI BEACH FL 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

04/23/2014

Electronic Signature of Signing Officer/Director Detail

Date