

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000051869

**FILED  
Feb 07, 2016  
Secretary of State  
CC1300790295**

**Entity Name:** SALAS PLASTIC SURGERY P.A.

**Current Principal Place of Business:**

3050 BISCAYNE BLVD.  
SUITE 601  
MIAMI, FL 33137

**Current Mailing Address:**

3050 BISCAYNE BLVD.  
SUITE 601  
MIAMI, FL 33137

**FEI Number:** 45-5544302

**Certificate of Status Desired:** No

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

SALAS, RAFAEL E  
3050 BISCAYNE BLVD.  
SUITE 601  
MIAMI, FL 33137 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:** RAFAEL EMERICK SALAS

02/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SALAS, RAFAEL E DR.  
Address 1402 NW 138 TER  
City-State-Zip: PEMBROKE PINES FL 33028

Title TRE  
Name SALAS, RAFAEL E DR.  
Address 1402 NW 138 TER  
City-State-Zip: PEMBROKE PINES FL 33028

Title SEC  
Name SALAS, RAFAEL E DR.  
Address 1402 NW 138 TER  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIR  
Name SALAS, RAFAEL E DR.  
Address 1402 NW 138 TER  
City-State-Zip: PEMBROKE PINES FL 33028

*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**

02/07/2016

Electronic Signature of Signing Officer/Director Detail

Date