

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000069510

**Entity Name:** PLASTIC SURGEON PA

**Current Principal Place of Business:**

2270 OAKBROOK LANE  
WESTON, FL 33332

**Current Mailing Address:**

2270 OAKBROOK LANE  
WESTON, FL 33332

**FEI Number:** 46-0786354

**Certificate of Status Desired:** No

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

KILLGORE PEARLMAN STAMP ORNSTEIN SQUIRES  
2 S. ORANGE AVENUE  
5TH FLOOR  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HARRELL, JON F  
Address 2270 OAKBROOK LANE  
City-State-Zip: WESTON FL 33332

*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:** JON F HARRELL

**PRESIDENT**

**04/23/2014**

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

\_\_\_\_\_  
Date