

2015 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 HARRELL

PRESIDENT

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date