

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000065501

**FILED**  
**Feb 06, 2013**  
**Secretary of State**  
**CC1600580080**

**Entity Name:** DESTIN PLASTIC SURGERY, P.A.

**Current Principal Place of Business:**

4485 FURLING LANE  
DESTIN, FL 32541

**Current Mailing Address:**

4485 FURLING LANE  
DESTIN, FL 32541

**FEI Number: 59-3331513**

**Certificate of Status Desired: No**

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

KEVIN M. HELMICH, P.A.  
4405 COMMONS DRIVE EAST  
SUITE 102  
DESTIN, FL 32541 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	D	Title	D
Name	BURDEN, WILLIAM R	Name	ENNIS, LAWRENCE S
Address	4485 FURLING LANE	Address	4485 FURLING LANE
City-State-Zip:	DESTIN FL 32541	City-State-Zip:	DESTIN FL 32541

*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: LAWRENCE S. ENNIS**

**DIRECTOR**

**02/06/2013**

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

\_\_\_\_\_  
Date