

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000008214

**Entity Name:** WESTON PLASTIC SURGERY, INC.

**Current Principal Place of Business:**

2300 N. COMMERCE PKWY  
202  
WESTON, FL 33326

**Current Mailing Address:**

2300 N. COMMERCE PKWY  
202  
WESTON, FL 33326 US

**FEI Number:** 65-0640145

**Certificate of Status Desired:** No

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

ROTHFIELD, ROBERT E DR.  
2300 NORTH COMMERCE PKWY  
202  
WESTON, FL 33326 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:** ROBERT ROTHFIELD

03/14/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ROTHFIELD, ROBERT E M.D.  
Address 2300 N. COMMERCE PKWY, #202  
City-State-Zip: WESTON FL 33326

Title V  
Name ROTHFELD, RANDI S  
Address 2529 EAGLE RUN CIR  
City-State-Zip: WESTON FL 33327

*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:** ROBERT ROTHFIELD

**PRESIDENT**

03/14/2022

Electronic Signature of Signing Officer/Director Detail

Date