

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000076331

**Entity Name:** INSTITUTE OF AESTHETIC SURGERY, PROFESSIONAL ASSOCIATION

**FILED**  
**Mar 21, 2013**  
**Secretary of State**  
**CC4986125680**

**Current Principal Place of Business:**

400 CELEBRATION PLACE  
A-320  
CELEBRATION, FL 34747

**Current Mailing Address:**

400 CELEBRATION PLACE  
A-320  
CELEBRATION, FL 34747 US

**FEI Number: 59-3404321**

**Certificate of Status Desired: No**

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

GREGORY A. CHAIRES ESQ.  
283 CRANES ROOST BLVD, #165  
ALTAMONTE SPRINGS, FL 32701 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           PTD  
Name           GREGORY, RICHARD O  
Address        400 CELEBRATION PLACE, SUITE  
                  A320  
City-State-Zip: CELEBRATION FL 34747

*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: RICHARD O. GREGORY**

**PTD**

**03/21/2013**

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

\_\_\_\_\_  
Date