#### 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. DOCTOR/SURGEON

#### SIGNATURE: DR. RICHARD O. GREGORY

Electronic Signature of Signing Officer/Director Detail

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P96000076331

Entity Name: INSTITUTE OF AESTHETIC SURGERY, PROFESSIONAL ASSOCIATION

#### **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

#### 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 **Officer/Director Detail :** Title PTD Title PTD GREGORY, RICHARD O DR. SYLORA, ROXANNE L. DR. Name Name 400 CELEBRATION PLACE, SUITE 400 CELEBRATION PLACE, SUITE Address Address A320 A320 City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

# Secretary of State 2500115757CC

FILED Mar 03, 2020

Certificate of Status Desired: No

03/03/2020 Date

Date