

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000076331

Entity Name: INSTITUTE OF AESTHETIC SURGERY, PROFESSIONAL ASSOCIATION

FILED
Jan 03, 2024
Secretary of State
5836452476CC

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 SYLORA, ROXANNE L. DR.
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: DR. ROXANNE L SYLORA

OWNER/SURGEON

01/03/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date