

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000076331

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**0010656732CC**

**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**

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

**PHYSICIAN**

**02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date