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, MD

Electronic Signature of Signing Officer/Director Detail

PARTNER

01/25/2016

2016 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:

Title

Date Electronic Signature of Registered Agent **Officer/Director Detail :** PTD Title Name GREGORY, RICHARD O DR. Nar 400 CELEBRATION PLACE, SUITE Address Adc A320

City-State-Zip: CELEBRATION FL 34747

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

Certificate of Status Desired: Yes

Jan 25, 2016 Secretary of State CC9305840228

FILED

Date