

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000110504

**Entity Name:** CENTER FOR PLASTIC SURGERY, INC.

**Current Principal Place of Business:**

1501 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

1501 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406

**FEI Number:** 65-0969518

**Certificate of Status Desired:** No

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

REDDY, KRIS M  
1501 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406 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 DPST  
Name REDDY, KRIS M  
Address 1501 FOREST HILL BLVD  
City-State-Zip: WEST PALM FL 33406

*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:** KRIS REDDY

**OWNER**

**01/26/2016**

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

\_\_\_\_\_ Date