

2015 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

PRES

01/02/2015

Electronic Signature of Signing Officer/Director Detail

Date