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**Apr 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732950 (1)  
1. Corporation Name  
**THE GREATER MIAMI SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS, INC.**



Principal Place of Business: 7100 W. 20TH AVE. STE. 110 HIALEAH FL 33016  
Mailing Address: 7100 W. 20TH AVE. STE. 110 HIALEAH FL 33016

3. Date Incorporated or Qualified: 06/04/1975  
4. FEI Number: 59-1670308  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: STEPHAN BAKER MD FACS, 999 BRICKELL BAY DRIVE, STE 1901, MIAMI FL 33131

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NADAL, RICHARD D MD	
STREET ADDRESS	2081 S MIAMI AVE, 802	
CITY-ST-ZIP	MIAMI FL	
TITLE	<del>PED</del>	<input type="checkbox"/> DELETE
NAME	GARCIA, ONELIO M	
STREET ADDRESS	7100 W 20TH AVE #110	
CITY-ST-ZIP	HIALEAH FL	
TITLE	<del>STD</del>	<input type="checkbox"/> DELETE
NAME	BAKER, STEPHAN M	
STREET ADDRESS	999 BRICKELL BAY DR, #1901	
CITY-ST-ZIP	MIAMI FL	
TITLE	<del>STD</del>	<input type="checkbox"/> DELETE
NAME	KELLY, MICHAEL E	
STREET ADDRESS	8940 N. KENDALL DR #932	
CITY-ST-ZIP	MIAMI FL 33176	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<del>PED</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (305) 822-2222

CR2E037 (10/97)