2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#732950

FILED Apr 28, 2005 Secretary of State

Entity Name: MIAMI SOCIETY OF PLASTIC SURGEONS, INC.

Current Principal Place of Business:

New Principal Place of Business:

EDUARDO BARROSO MD 2645 DOUGLAS ROAD, 8950 N KENDALL DR, STE 106 STE 101

MIAMI, FL 33176 MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

EDUARDO BARROSO MD 2645 DOUGLAS ROAD,

8950 N KENDALL DR, STE 106 STE 101 MIAMI, FL 33176 STE 33133

FEI Number: 59-1670308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BARROSO, EDUARDO MD

8950 N KENDALL DR

STE 106

STE 106

STE 107

MIAMI, FL 33176 US MIAMI, FL 33133 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: JORGE DE LA PEDRAJA, M.D. 04/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: BARROSO, EDUARDO MD Name: MILLER, RANDY MD

 Name
 Markoso, Edoardo MD
 Name
 Miller, RANDT MD

 Address:
 8950 N KENDALL DR #106
 Address:
 150 W. FLAGLER ST.

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33130

Title: V () Delete Title: V (X) Change () Addition
Name: RANDY, MILLER MD Name: ZAYDON, JR., THOMAS MD
Address: 150 W, ELAGLER STREET Address: 3661 S, MIAMLAYE

 Address:
 150 W. FLAGLER STREET
 Address:
 3661 S. MIAMI AVE.

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 MIAMI, FL 33133

 Title:
 S
 () Delete
 Title:
 S/T
 (X) Change () Addition

 Name:
 ZAYAN, THOMAS JR
 Name:
 DE LA PEDRAJA, JORGE MD

 Address:
 3661 SO MIAMI AVE #509
 Address:
 2645 DOUGLAS ROAD, STE 101

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE DE LA PEDRAJA, M.D. S/T 04/28/2005