

732950

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

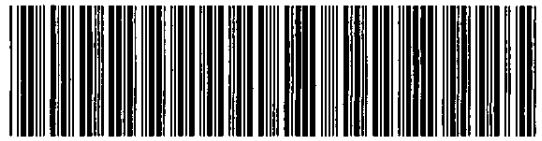
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Miami Society of Plastic Surgeons Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 732950

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

M Felix Freshwater MD  
(Name of Contact Person)

Miami Institute of Hand & Microsurgery  
(Firm/Company)

9100 S DADELAND BLVD SUITE 502  
(Address)

MIAMI FL 33156-7815  
(City/State and Zip Code)

For further information concerning this matter, please call:

M Felix Freshwater MD at ( 305 ) 670-9988  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Miami Society of Plastic Surgeons, Inc.
2. The principal office address: 9100 S DADELAND BLVD SUITE 502  
MIAMI FL 33156-7815
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/04/1975 Document number: 732950
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DE LA PEDRAJA, JORGE M.D.  
2645 DOUGLAS ROAD #101  
Miami FL 33133


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

M FELIX FRESHWATER MD  
9100 S DADELAND BLVD SUITE 502  
(P.O. Box NOT acceptable)  
MIAMI FL 33156-7815

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
(Signature of an officer or director)

M Felix Freshwater MD Secretary  
\_\_\_\_\_  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
(Signature of Registered Agent)

11/13/2007  
\_\_\_\_\_  
(Date)

If signing on behalf of an entity:  
Miami Society of Plastic Surgeons, Inc.  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*