2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732950

FILED Jaņ 06, 2<u>00</u>9 Secretary of State

Entity Name: MIAMI SOCIETY OF PLASTIC SURGEONS, INC.

Current Principal Place of Business: New Principal Place of Business:

9100 S DADELAND BLVD - SUITE 502 MIAMI, FL 331567815

Current Mailing Address: New Mailing Address:

9100 S DADELAND BLVD - SUITE 502 MIAMI, FL 331567815

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:

FRESHWATER, M FELIX M.D. 9100 S DADELÁND BLVD - SUITE 502 MIAMI, FL 331567815 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SERURE, ALAN MD

(X) Change () Addition

() Delete PANTHAKI, ZUBIN J MD Name: Name: 1611 NW 12TH AVENUE - ET 3019 Address:

Address: 7300 SW 62ND PLACE STE 200 City-St-Zip: MIAMI, FL 331361005 US City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: () Delete Title: **PRES** (X) Change () Addition Name: PAZMINO, PAT MD Name: PAZMINO, PAT MD

Address: 21355 E DIXIE HIGHWAY - SUITE 108 Address: 21355 E DIXIE HIGHWAY - SUITE 108 City-St-Zip: AVENTURA, FL 331801239 US City-St-Zip: AVENTURA, FL 331801239 US

Title: () Delete Title: (X) Change () Addition FRESHWATER, M FELIX MD FRESHWATER, M FELIX MD Name: Name: 9100 S DADELAND BLVD - SUITE 502 9100 S DADELAND BLVD - SUITE 502 Address: Address:

City-St-Zip: MIAMI, FL 331567815 US City-St-Zip: MIAMI, FL 331567815 US

() Change (X) Addition Title: () Delete Title: DE LA PEDRAJA, JORGE MD Name: Name: 2645 DOUGLAS ROAD SUITE 101 Address: Address:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MFELIX FRESHWATER **TREA** 01/06/2009