

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732950

FILED
Jan 03, 2012
Secretary of State

Entity Name: MIAMI SOCIETY OF PLASTIC SURGEONS, INC.

Current Principal Place of Business:

6280 SUNSET DRIVE
SUITE 501
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

PO BOX 430901
SOUTH MIAMI, FL 33243

New Mailing Address:

FEI Number: 59-1670308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, MARTIN M.D.
2950 CLEVELAND CLINIC BLVD.
PLASTIC SURGERY
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: VP
Name: POLO, MAX MD
Address: 6280 SUNSET DRIVE, 501
City-St-Zip: MIAMI, FL 33143 US

Title: S-T
Name: NEWMAN, MARTIN MD
Address: 2950 CLEVELAND CLINIC BLVD.
City-St-Zip: WESTON, FL 33331 US

Title: P
Name: JOHN, OELTJEN MD
Address: JMH EAST TOWER, ROOM 3019 1611 NW 12TH AVE
City-St-Zip: MIAMI, FL 33136

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN NEWMAN

SEC

01/03/2012

Electronic Signature of Signing Officer or Director

Date