

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 732950

FILED
Jan 06, 2003
Secretary of State

Entity Name: MIAMI SOCIETY OF PLASTIC SURGEONS, INC.

Current Principal Place of Business:

EDUARDO BARROSO MD
8950 N KENDALL DR, STE 106
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

EDUARDO BARROSO MD
8950 N KENDALL DR, STE 106
MIAMI, FL 33176

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:

BARROSO, EDUARDO MD
8950 N KENDALL DR
STE 106
MIAMI, FL 33176

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: PD () Delete
Name: BASADRE, JESSE MD
Address: 351 NW 42 AVE
City-St-Zip: MIAMI, FL 33126

Title: TSD () Delete
Name: BARROSO, EDUARDO MD
Address: 8950 N KENDALL DR #106
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: MCDONALD, SCOTT MD
Address: P.O. BOX 016960
City-St-Zip: MIAMI, FL 33101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCDONALD, SCOTT MD
Address: PO BOX 01690
City-St-Zip: MIAMI, FL 33101

Title: VPD (X) Change () Addition
Name: BARROSO, EDUARDO MD
Address: 8950 N KENDALL DR #106
City-St-Zip: MIAMI, FL 33176

Title: TSD (X) Change () Addition
Name: RANDY, MILLER MD
Address: 150 W. FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

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: EDUARDO BARROSO

VPD

01/06/2003

Electronic Signature of Signing Officer or Director

_____ Date