

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 738296 (3)

95 APR -5 PM 2:49

1. Corporation Name
THE FLORIDA SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS, INC.

Principal Place of Business
2589 PARK ST.
JACKSONVILLE FL 32204
US

Mailing Address
2589 PARK ST.
JACKSONVILLE FL 32204
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6833 Cinderella Rd.

2a. Mailing Address
26 P. O. Box 7040

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Jacksonville FL

28 City & State
Jacksonville FL

24 Zip 32210 **25** Country USA

29 Zip 32238 **30** Country USA

3. Date Incorporated or Qualified 03/07/1977 **3a. Date of Last Report** 04/26/1994

4. FEI Number 59-6146682 **Applied For** Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HARVEY, ROBERT J.
2589 PARK ST.
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
81 Name Wanda L. Callahan
82 Street Address (P.O. Box Number is Not Acceptable) 6833 Cinderella Rd.
83
84 City Jacksonville **85** Zip Code FL 32210

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Wanda L. Callahan, Eric Simola* **DATE** 1/19/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME EISENBERG, HARRY V.	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 451 N. MAITLAND AVE	CITY - ST - ZIP MAITLAND FL	1.2 NAME Charles H. Hill, M.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1.3 STREET ADDRESS 2650 Bahia Vista St., Suite 302	
		1.4 CITY - ST - ZIP Sarasota, FL 34239	
TITLE PED	NAME HILL, CHARLES H.	2.1 TITLE PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2650 BAHIA VISTA ST., #302	CITY - ST - ZIP SARASOTA FL	2.2 NAME Nathan Mayl, M.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS 6405 N. Federal Hwy., Suite 200	
		2.4 CITY - ST - ZIP Fort Lauderdale, FL 33308	
TITLE SD	NAME MAYL, NATHAN	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6405 N. FEDERAL HWY, #200	CITY - ST - ZIP FT. LAUDERDALE FL	3.2 NAME Gary Rosenberg, M.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS 5258 Linton Blvd., Suite 303	
		3.4 CITY - ST - ZIP Delray Beach, FL 33484	
TITLE TD	NAME ROSENBERG, GARY	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5258 LINTON BLVD., #303	CITY - ST - ZIP DELRAY BEACH FL	4.2 NAME Edward S. Truppman, M.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS 1100 N.E. 163rd St., Suite 403	
		4.4 CITY - ST - ZIP North Miami Beach, FL 33162-4515	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 12 only if changed, or as an attachment with an explanation.

SIGNATURE: *Edward S. Truppman, M.D., Treas.* **DATE** 3-20-95 **OFFICER OR DIRECTOR** 305-949-4345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number