

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **738296** (3)

1. Corporation Name

**THE FLORIDA SOCIETY OF PLASTIC AND RECONSTRUCTIV
E SURGEONS, INC.**



Principal Place of Business

Mailing Address

6833 CINDERELLA RD
JACKSONVILLE FL 32210
US

P O BOX 7040
JACKSONVILLE FL 32238
US

3. Date Incorporated or Qualified

03/07/1977

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 **6855 Wilson Blvd.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite #12**

27

City & State

City & State

23 **Jacksonville, FL**

28

Zip

Country

Zip

Country

24 **32210**

25 **USA**

29

30

4. FEI Number

59-6146682

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLAHAN, WANDA L
6833 CINDERELLA RD
JACKSONVILLE FL 32210

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6855 Wilson Blvd, Suite 12

83

84

Jacksonville

FL

85 Zip Code
32210

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **HILL, CHARLES H M.D.**
STREET ADDRESS **2650 BAHIA VISTA ST., SUITE 302**
CITY-ST-ZIP **SARASOTA FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE **PED** ☐ DELETE

NAME **MAYL, NATHAN M**
STREET ADDRESS **6405 N FEDERAL HWY., SUITE 200**
CITY-ST-ZIP **FORT LAUDERDALE FL**

21 TITLE **PD** ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

NAME **ROSENBERG, GARY M**
STREET ADDRESS **5258 LINTON BLVD., SUITE 303**
CITY-ST-ZIP **DELRAY BEACH FL**

31 TITLE **PED** ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

NAME **TRUPPMAN, EDWARD S M.D.**
STREET ADDRESS **1100 N.E. 163RD ST., SUITE 403**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

41 TITLE **SD** ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

51 TITLE **TD** ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **M. Reza Samiian, M.D.** *M. Reza Samiian* 2-1-96 (904) 296-2810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)