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**Secretary of State**

03-02-1999 90165 037 \*\*\*\*61.25

0006259

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 738296**

1. Corporation Name

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

Principal Place of Business

6855 WILSON BLVD  
STE 12  
JACKSONVILLE FL 32210  
US

Mailing Address

P O BOX 7040  
JACKSONVILLE FL 32238  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/07/1977

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

9. Name and Address of Current Registered Agent

**CALLAHAN, WANDA L**  
**6855 WILSON BLVD, STE 12**  
**JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

TITLE ☐ DELETE  
NAME **PED**  
STREET ADDRESS **SAMIHAN, M R MD**  
CITY-ST-ZIP **4221 SOUTHPOINT PKWY**  
**JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **JOHNSTON, DEAN L. MD**  
CITY-ST-ZIP **7601 W. LAKE MANG BLVD., SUITE 212**  
**LAKE MARY FL**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **JANA K RASMUSSEN, M.D.**  
CITY-ST-ZIP **2121 N FLAGLER DR**  
**WEST PALM BCH FL 33407**

TITLE ☒ DELETE  
NAME **PD**  
STREET ADDRESS **TRUPPMAN, EDWARD S M.D.**  
CITY-ST-ZIP **2999 NE 191 ST**  
**AVENTURA FL**

TITLE ☐ DELETE  
NAME **M**  
STREET ADDRESS **CALLAHAN, WANDA L.**  
CITY-ST-ZIP **6855 WILSON BLVD., SUITE 12**  
**JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**PD**

**Samiian**

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**PED**

**Johnston.**

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**SD**

**Jana K. Rasmussen**

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**TD**

**Fredric M. Barr, M.D.**

**1411 N. Flagler Dr., Ste. 5800**

**West Palm Bch, FL 33401**

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all otherlike empowered.

SIGNATURE:

**WANDA L. CALLAHAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WANDA L. CALLAHAN 1-12-99 904-779-6994**  
Date Daytime Phone #

CR2E037 (11/98)