

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90142 047 ****61.25

DOCUMENT # 738296

1. Entity Name

THE FLORIDA SOCIETY OF PLASTIC AND RECONSTRUCTIV

Principal Place of Business

Mailing Address

6855 WILSON BLVD
 STE 12
 JACKSONVILLE FL 32210
 US

P O BOX 7040
 JACKSONVILLE FL 32238-0040
 US

2. Principal Place of Business

3. Mailing Address

1945 Lane Ave. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32210

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6146682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

(same)

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

1945 Lane Ave. So., Suite 5

City

Jacksonville

FL

Zip Code

32210

8. 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

Wanda L. Callahan Wanda L. Callahan

1-12-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMIAN, M R MD 4221 SOUTHPOINT PKWY JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED JOHNSTON, DEAN L. MD 7601 W. LAKE MANG BLVD., SUITE 212 LAKE MARY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RASMUSSEN, JANA K 2121 N FLAGLER DR WEST PALM BCH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARR, FREDRIC M 1411 N. FLAGLER DR. STE. 5800 WEST PALM BCH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CALLAHAN, WANDA L. 6855 WILSON BLVD., SUITE 12 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1945 Lane Ave. So., #5 Jacksonville FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Enrique J. Fernandez, M.D. 2902 59th St., W., Suite A Bradenton, FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wanda L. Callahan Wanda L. Callahan 1-12-2000 904-779-6994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #