2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90048 044 ****61.25

DOCUMENT # 738296

1. Entity Name

FLORIDA SOCIETY OF PLASTIC SURGEONS, INC.

Principal Place of Business	Mailing Address
1945 LANE AVE S STE 5 JACKSONVILLE FL 32210 US	P O BOX 7040 JACKSONVILLE FL 32238 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 1945 LANE AVE SO STE 5 JACKSONVILLE FL 32210	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
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 JOHNSTON, DEAN L. MD 7601 W. LAKE MANG BLVD., SUITE 212 LAKE MARY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED RASMUSSEN, JANA K 2121 N FLAGLER DR WEST PALM BCH FL 33407 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Enrique J. Fernandez, M.D. 2902 59th St. W., Suite A Bradenton, FL 34209 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARR, FREDRIC M 1411 N. FLAGLER DR. STE. 5800 WEST PALM BCH FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD L. William Luria, M.D. 2727 W. ML King Jr. Blvd., #500 Tampa FL 33607 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CALLAHAN, WANDA L 1945 LANE AVE SO #5 JACKSONVILLE FL 32210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Yoav Barnavon, M.D. 1150 N. 35 Ave., Suite 550 Hollywood, FL 33021 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 — 1-11-01 — 904-693-1799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #