

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90107 006 ****61.25

44005623



01122004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6146682

Applied For
Not Applicable

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

DOCUMENT # 738296

1. Entity Name
FLORIDA SOCIETY OF PLASTIC SURGEONS, INC.



Principal Place of Business
1945 LANE AVENUE SOUTH, SUITE #5
JACKSONVILLE, FL 32210 US

Mailing Address
P.O. BOX 7040
JACKSONVILLE, FL 32238

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
CALLAHAN, WANDA L
1945 LANE AVENUE SOUTH, SUITE #5
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|---------------------------------|---------------------------------|--|---|------------------------------------|--|--|
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LURIA, L W MD | | | NAME | Luria, L.W. M.D. | | |
| STREET ADDRESS | 2727 W ML KING JR BV 500 | | | STREET ADDRESS | 2727 W MLK Jr. Blvd., 500 | | |
| CITY-ST-ZIP | TAMPA, FL 33607 | | | CITY-ST-ZIP | Tampa, FL 33607 | | |
| TITLE | PED | <input type="checkbox"/> Delete | | TITLE | PD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BARNAVON, YOYA | | | NAME | Barnavon, Yoav M.D. | | |
| STREET ADDRESS | 1150 N 35 AV STE 550 | | | STREET ADDRESS | 1150 N 35 Av. Ste 550 | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | | CITY-ST-ZIP | Hollywood, FL 33021 | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | PED | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GARCIA, ONELIO M.D. | | | NAME | Garcia, Onelio M.D. | | |
| STREET ADDRESS | 7100 WEST 20TH AVENUE SUITE 110 | | | STREET ADDRESS | 7100 West 20th Ave. Ste 110 | | |
| CITY-ST-ZIP | HIALEAH, FL 33016 | | | CITY-ST-ZIP | Hialeah, FL 33016 | | |
| TITLE | M | <input type="checkbox"/> Delete | | TITLE | TD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | CALLAHAN, WANDA L | | | NAME | Obi, John M.D. | | |
| STREET ADDRESS | 1945 LANE AVENUE SOUTH #5 | | | STREET ADDRESS | 3544 University Blvd. S., Ste 1600 | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | | | CITY-ST-ZIP | Jacksonville, FL 32216 | | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | SD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROSATO, RALPH M | | | NAME | Rosato, Ralph M.D. | | |
| STREET ADDRESS | 3790 7TH TERR. SUITE 101 | | | STREET ADDRESS | 3790 7th Terr. Ste 101 | | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | | | CITY-ST-ZIP | Vero Beach, FL 32963 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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 1-27-04 904-693-1799

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