



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90040 043 ****61.25

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.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">50013658</div>  <div style="margin-top: 10px;"> 01202005 Chg-NP CR2E037 (10/03) </div>	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-6146682		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LURIA, L W MD		NAME	John J. Obi, M.D.	
STREET ADDRESS	2727 W ML KING JR BV 500		STREET ADDRESS	3599 University Blvd. So, Suite 1600	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	Jacksonville FL 32216	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNAVON, YOYA		NAME	Victoria A. Vitale-Lewis, M.D.	
STREET ADDRESS	1150 N 35 AV STE 550		STREET ADDRESS	1229 E. Strawbridge Ave.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Melbourne FL 32901	
TITLE	PED	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ONELIO M.D.		NAME		
STREET ADDRESS	7100 WEST 20TH AVENUE SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, WANDA L		NAME		
STREET ADDRESS	1945 LANE AVENUE SOUTH #5		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSATO, RALPH M		NAME		
STREET ADDRESS	3790 7TH TERR. SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
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 2-10-05 904-693-1799					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					