


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90411 044 ****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**

00008604



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

03202006 Chg-NP CR2E037 (11/05)

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

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	SD OBI, JOHN J MD 3599 UNIVERSITY BLVD S. SUITE 1600 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VITALE-LEWIS, VICTORIA A 1229 E. STRAWBRIDGE AVE MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, ONELIO M.D. <input checked="" type="checkbox"/> Delete 7100 WEST 20TH AVENUE SUITE 110 HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Matas, James A., MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7300 Sandlake Commons Blvd, Ste 100 Orlando, FL 32819-8011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CALLAHAN, WANDA L <input type="checkbox"/> Delete 1945 LANE AVENUE SOUTH #5 JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED ROSATO, RALPH M <input type="checkbox"/> Delete 3790 7TH TERR. SUITE 101 VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/20/06 904-693-1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #