


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90050 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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-6146682	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 AVENUE SOUTH, SUITE #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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DED OBI, JOHN J MD 3599 UNIVERSITY BLVD S. SUITE 1600 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OBI, John J MD 3599 University Blvds, Ste 1600 Jacksonville, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VITALE-LEWIS, VICTORIA A 1229 E. STRAWBRIDGE AVE MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Vitale-Lewis, Victoria A MD 1229 E Strawbridge Ave Melbourne, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATAS, JAMES A MD 7300 SANDLAKE COMMONS BLVD SUITE 100 ORLANDO, FL 328198011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Matas, James A MD 7300 Sandlake Commons Blvd, Ste 100 Orlando, FL 32819-8011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CALLAHAN, WANDA L 1945 LANE AVENUE SOUTH #5 JACKSONVILLE, FL 32210 <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 ROSATO, RALPH M 3790 7TH TERR. SUITE 101 VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'Brien, John J Jr. MD 7855 38th Ave N St. Petersburg, FL 33710 <input type="checkbox"/> Change <input checked="" 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: <u>Wanda Callahan</u> <u>Wanda Callahan</u> 1/19/2007 904-693-1799 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					