


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90025 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	
				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			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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2008		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	PD OBI, JOHN J MD 3599 UNIVERSITY BLVD S. SUITE 1600 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIGGIANO, DONATO A, MD 1903 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952-5582	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VITALE-LEWIS, VICTORIA A 1229 E. STRAWBRIDGE AVE MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VITALE-LEWIS, VICTORIA A, MD 1513 S HARBOR CITY BLVD MELBOURNE, FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATAS, JAMES A MD 7300 SANDLAKE COMMONS BLVD SUITE 100 ORLANDO, FL 328198011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'BRIEN JR., JOHN 7855 38TH AVE. N. SAINT PETERSBURG, FL 33710	<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			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: <i>Wanda L Callahan</i> Wanda L Callahan			Date 2-7-08 Daytime Phone # 904-693-1749		