


**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		01152008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-6146682	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____					
Signature, typed or printed name of registered agent and title if applicable					
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OB I, JOHN J MD		NAME	VIGGIANO, DONATO A, MD	
STREET ADDRESS	3599 UNIVERSITY BLVD S. SUITE 1600		STREET ADDRESS	1903 SE PORT ST LUCIE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952-5582	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITALE-LEWIS, VICTORIA A		NAME	VITALE-LEWIS, VICTORIA A, MD	
STREET ADDRESS	1229 E. STRAWBRIDGE AVE		STREET ADDRESS	1513 S HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	MELBOURNE, FL 32951	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATAS, JAMES A MD		NAME		
STREET ADDRESS	7300 SANDLAKE COMMONS BLVD SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328198011		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input 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	TD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN JR., JOHN		NAME		
STREET ADDRESS	7855 38TH AVE. N.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report, 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: <i>Wanda L Callahan</i>			Date: 2-7-08 Daytime Phone #: 904-693-1749		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					