2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738296

FILED Apr 30, 2009 Secretary of State

Entity Name: FLORIDA SOCIETY OF PLASTIC SURGEONS, INC.

Current Principal Place of Business: New Principal Place of Business:

1945 LANE AVENUE SOUTH, SUITE #5 5911 HICKS RD

JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32244 US

Current Mailing Address: New Mailing Address:

P.O. BOX 7040 P.O. BOX 441745

JACKSONVILLE, FL 32238 JACKSONVILLE, FL 32222

FEI Number: 59-6146682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALLAHAN, WANDA L
1945 LANE AVENUE SOUTH, SUITE #5

CALLAHAN, WANDA L
5911 HICKS RD

JACKSONVLLE, FL 32210 US JACKSONVLLE, FL 32244 US

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.

SIGNATURE: 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MELBOURNE BEACH, FL 32951

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI, FL 33130

Title:TD() DeleteTitle:SD(X) Change () AdditionName:DONATO, VIGGIANO A MDName:DONATO, VIGGIANO A MDAddress:1903 SE PORT ST LUCKIE BLVDAddress:1903 SE PORT ST LUCIE BLVDCity-St-Zip:PORT SAINT LUCIE, FL 349525582City-St-Zip:PORT SAINT LUCIE, FL 349525582

Name: VICTORIA, VITALE-LEWISS A MD Name: MILLER, RANDY B MD
Address: 1513 S HARBOR CITY BLVD Address: 150 WEST FLAGLER STREET

Title: VD () Delete Title: PD (X) Change () Addition

Name: MATAS, JAMES A MD Name: MATAS, JAMES A MD

Address: 7300 SANDLAKE COMMONS BLVD SUITE 100 Address: 7300 SANDLAKE COMMONS BLVD SUITE 100

City-St-Zip:

City-St-Zip: ORLANDO, FL 328198011 City-St-Zip: ORLANDO, FL 328198011

 $\label{eq:title:matter} \mbox{Title:} \qquad \mbox{M} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{M} \qquad \mbox{(X) Change () Addition}$

Name:CALLAHAN, WANDA LName:CALLAHAN, WANDA LAddress:1945 LANE AVENUE SOUTH #5Address:5911 HICKS RDCity-St-Zip:JACKSONVILLE, FL 32210City-St-Zip:JACKSONVILLE, FL 32244

Title: SD () Delete Title: VD (X) Change () Addition

 Name:
 O'BRIEN JR., JOHN
 Name:
 O'BRIEN JR., JOHN MD

 Address:
 7855 38TH AVE. N.
 Address:
 7855 38TH AVE. N.

City-St-Zip: SAINT PETERSBURG, FL 33710 City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA CALLAHAN M 04/30/2009