

2002 UNIFORM BUSINESS REPORT (UBR)

0003213

DOCUMENT # **NO1000007265**

1. Entity Name

GREATER JACKSONVILLE SOCIETY OF PLASTIC SURGEONS, INC.

FILED

02 MAR 11 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

820 PRUDENTIAL DR. SUITE 702
JACKSONVILLE FL 32207

820 PRUDENTIAL DR. SUITE 702
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

1820 Barrs St

1820 Barrs St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#330

#330

City & State

City & State

Jacksonville, FL

Jacksonville, FL

4. FEI Number

Applied For

Applied For

Not Applicable

Zip

Country

Zip

Country

32204

USA

32204

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIDNER, DONALD W
WEIDNER, BOWDEN & WEIDNER
11265 ALUMNI WAY, SUITE 201
JACKSONVILLE FL 32246

Name **Christopher L. Noland**

Street Address (P.O. Box Number is Not Acceptable)

1000 Riverside Ave #115

City **Jacksonville**

FL

Zip Code **32204**

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.

SIGNATURE

[Handwritten Signature]

2/20/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NEZAMI, A H	
STREET ADDRESS	820 PRUDENTIAL DR, SUITE 702	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOBLEY, DAVID	
STREET ADDRESS	838 PRUDENTIAL DR #1707	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, REZA M	
STREET ADDRESS	4221 SOUTHPPOINT PKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D Paul J. Scioscia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1820 Barrs St #330	
STREET ADDRESS	Jacksonville, FL 32204	
CITY-ST-ZIP		
TITLE	D Timothy E. Fee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4063 Salisbury Rd #205	
STREET ADDRESS	Jacksonville, FL 32216	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100005109891--0	
STREET ADDRESS	-03/15/02--01025--002	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Handwritten Signature]

2/20/02

944-387-6828

CR2E037 (9/01)