

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007265

FILED
Jan 07, 2004
Secretary of State

Entity Name: GREATER JACKSONVILLE SOCIETY OF PLASTIC SURGEONS, INC.

Current Principal Place of Business:

209 PONTEVERA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

209 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

209 PONTEVERA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

209 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

FEI Number: 01-0622095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE, #115
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32204 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: _____ 01/07/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEZAMI, A H
Address: 820 PRUDENTIAL DR, SUITE 702
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD () Delete
Name: SCIOSCIA, PAUL J
Address: 209 PONTE VEDRA PARK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD (X) Delete
Name: FEE, TIMOTHY E
Address: 4063 SALISBURY ROAD #205
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCIOSCIA, PAUL J
Address: 209 PONTE VEDRA PARK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T (X) Change () Addition
Name: FEE, TIMOTHY E
Address: 4063 SALISBURY RD., SUITE 205
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL J. SCIOSCIA, MD P 01/07/2004
Electronic Signature of Signing Officer or Director Date