

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2007
Secretary of State**

DOCUMENT# N01000007265

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

Current Principal Place of Business:

4147 SOUTHPOINT DR E.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4147 SOUTHPOINT DR E.
JACKSONVILLE, FL 32216

New Mailing Address:

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

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: T () Delete
Name: FEE, TIMOTHY E
Address: 4147 SOUTHPOINT DE. E
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: TIMOTHY E FEE MD

PRES

01/11/2007

Electronic Signature of Signing Officer or Director

_____ Date