


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90019 030 ****61.25

DOCUMENT # N01000007265					
1. Entity Name GREATER JACKSONVILLE SOCIETY OF PLASTIC SURGEONS, INC.					
Principal Place of Business 4147 SOUTHPOINT DR E. JACKSONVILLE, FL 32216			Mailing Address 4147 SOUTHPOINT DR E. JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0622095	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NULAND, CHRISTOPHER L 1000 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P SCIOSCIA, PAUL J 209 PONTE VEDRA PARK DR. PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President FEE, TIMOTHY E. 4147 Southpoint Dr E. Jacksonville FLA 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEE, TIMOTHY E 4147 SOUTHPOINT DE. E JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Timothy E. Fee III 209 Ponte Vedra Park Dr. Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Timothy E. Fee M.D.</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>1/14/08</i> Daytime Phone #: <i>904 332 6774</i>	