

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007265

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

209 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

209 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082

**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: PRES  
Name: RUMSEY, CLAUDE C  
Address: 209 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TREA  
Name: WALDORF, JAMES  
Address: 209 POINTE VEDRA PRK DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: CLAUDE C RUMSEY

PRES

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date