2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N02000008734

Entity Name: AMERICAN ACADEMY OF PHALLOPLASTY SURGEONS, INC.

Current Principal Place of Business:

% DR. HAROLD M. REED
1111 KANE CONCOURSE, SUITE 311
BAY HARBOR ISLAND, FL 331542041

New Principal Place of Business:

Current Mailing Address:

% DR. HAROLD M. REED
1111 KANE CONCOURSE, SUITE 311
BAY HARBOR ISLAND, FL 331542041

New Mailing Address:

FEI Number: 84-1421255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REED, HAROLD M MD
111 KANE CONCOURSE
SUITE 311
BAY HARBOR ISLANDS, FL 33154 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: DR ( ) Delete
Name: WHITEHEAD, E. DOUGLAS DR.
Address: 24 EAST 12TH STREET SUITE 2-1
City-St-Zip: NEW YORK, NY 10003

Title: VD ( ) Delete
Name: REED, HAROLD
Address: 1111 KANE CONCOURSE SUITE # 311
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: TD ( ) Delete
Name: REED, HAROLD M
Address: 1111 KANE CONCOURSE SUITE 311
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: HAROLD M. REED DR. 04/30/2009

Electronic Signature of Signing Officer or Director — Date