

FILED
Mar 19, 2003 8:00 am
Secretary of State

02-07-2003 90067 001 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000008734

1. Entity Name

AMERICAN ACADEMY OF PHALLOPLASTY SURGEONS, INC.



Principal Place of Business

Mailing Address

% DR. HAROLD M. REED
1111 KANE CONCOURSE, SUITE 311
BAY HARBOR ISLAND FL 33154-2041

% DR. HAROLD M. REED
1111 KANE CONCOURSE, SUITE 311
BAY HARBOR ISLAND FL 33154-2041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1421255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, HAROLD M MD
111 KANE CONCOURSE
SUITE 311
BAY HARBOR ISLANDS FL 33154

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME WHITEHEAD, E. DOUGLAS DR.
STREET ADDRESS 24 MEAST 12TH STREET SUITE 2-1
CITY-ST-ZIP NEW YORK NY 10003 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME CANADA, WILLIAM
STREET ADDRESS 8068 WEST SAHARA AVENUE SUITE G
CITY-ST-ZIP LAS VEGAS NV 89117 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME REED, HAROLD M
STREET ADDRESS 1111 KANE CONCOURSE SUITE 311
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/03

305

865-2000

CR2E037 (10/02)