FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07345 (4)

1. Corporation Name

BROWARD COUNTY SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS, INC.

Principal Place of Business	Mailing Address
4300 N UNIVERSITY DR B - 106 LAUDERHILL FL 33351 US	4300 N UNIVERSITY DR B-106 LAUDERHILL FL 33351 US

3. Date Incorporated or Qualified: 01/29/1985
3a. Date of Last Report: 02/16/1995

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5101 N.W. 21st Ave.	26 5101 NW 21st Ave.
22 Suite, Apt. #, etc. Ste 440	27 Suite, Apt. #, etc. Ste 440
23 City & State Ft. Lauderdale, FL	28 City & State Ft. Lauderdale, FL
24 Zip 33309 25 Country Broward	29 Zip 33309 30 Country Broward

9. Name and Address of Current Registered Agent

MAYL, NATHAN
6405 N. FED. HWY. STE 200

FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Cynthia S. Peterson
82 Street Address (P.O. Box Number is Not Acceptable): B.S.P.R.S.
83 5101 N.W. 21st Ave, Ste 440
84 City: Ft. Lauderdale, FL 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Cynthia S. Peterson Cynthia S. Peterson DATE: 2/7/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAYL, NATHAN		1.2 NAME		
STREET ADDRESS	6504 N FEDERAL HWY, #200		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	PRESIDENT/D	☒ Change ☐ Addition
NAME	PALMA, ROBERTO		2.2 NAME		
STREET ADDRESS	5601 N DIXIE HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZELMAN, DONALD		3.2 NAME		
STREET ADDRESS	201 NW 82ND AVE #102		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TREASURER/D	☒ Change ☒ Addition
NAME	YALAMANCHI, BOSE		4.2 NAME	RUSSEL PALMER, M.D.	
STREET ADDRESS	985 UNIVERRSITY DIRVE		4.3 STREET ADDRESS	2699 Stirling Rd #B101	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	Ft. Lauderdale 33312	
TITLE	SD	☐ DELETE	5.1 TITLE	VICE PRESIDENT/D	☒ Change ☐ Addition
NAME	LOMAGISTRO, FRANK		5.2 NAME		
STREET ADDRESS	4300 N UNIVERSITY DR B-106		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	SECRETARY/D	☒ Change ☒ Addition
NAME	GRAU, GERARD		6.2 NAME	JORGE PEREZ M.D.	
STREET ADDRESS	540 NE 8TH ST		6.3 STREET ADDRESS	550 S.W. 3rd ST, #100	
CITY-ST-ZIP	FT LAUDERDAL FL		6.4 CITY-ST-ZIP	POMPANO BCH, FL 33060	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/7/96 954-771-2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #