FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 RECONSTRUC TIVE SURGEONS, INC.

Principal Place of Business	Mailing Address
5101 N.W. 21ST AVENUE SUITE 440 FORT LAUDERDALE FL 33309 US	5101 NW 21ST AVENUE SUITE 440 FORT LAUDERDALE FL 33309-2731 US

3. Date Incorporated or Qualified: 01/29/1985
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0715269 ☐ 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

9. Name and Address of Current Registered Agent

PETERSON, CYNTHIA S.
5101 NW 21ST AVENUE
SUITE 440
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	PD	☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	PALMA, ROBERTO		2.2 NAME	Palma, Roberto MD
STREET ADDRESS	5601 N DIXIE HWY		2.3 STREET ADDRESS	5601 N. Dixie Hwy
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE	PD	☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	ZELMAN, DONALD		3.2 NAME	Zelman, M.D., Donald
STREET ADDRESS	201 NW 82ND AVE #102		3.3 STREET ADDRESS	201 NW 82nd Ave #102
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP	Plantation, FL
TITLE	TD	☐ DELETE	4.1 TITLE	PD ☒ Change ☐ Addition
NAME	PALMER, M.D. RUSSEL		4.2 NAME	Palmer, M.D. Russel S.
STREET ADDRESS	2699 STIRLING ROAD #B101		4.3 STREET ADDRESS	2699 Stirling Rd, B101
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312
TITLE	VP	☒ DELETE	5.1 TITLE	VP ☒ Change ☐ Addition
NAME	LOMAGISTRO, FRANK		5.2 NAME	Barnavon, M.D. Yoav
STREET ADDRESS	4300 N UNIVERSITY DR B-106		5.3 STREET ADDRESS	1131 N. 35th AVE #202
CITY-ST-ZIP	LAUDERHILL FL		5.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	SD	☒ DELETE	6.1 TITLE	SD ☒ Change ☐ Addition
NAME	PEREZ, M.D. J		6.2 NAME	ARNOLD LAURENCE M.D.
STREET ADDRESS	550 SW 3RD STREET #100		6.3 STREET ADDRESS	7710 N.W. 71st Ct. #206
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-ST-ZIP	Tamarac, FL 33321

CR2E037 (9/96)

14. I do 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 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: Cynthia Peterson, ESQUIRE 4-29-97 954-714-9477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0035957