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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07345

1. Corporation Name

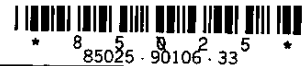
BROWARD COUNTY SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS, INC.

Principal Place of Business

5101 N.W. 21ST AVENUE
SUITE 440
FORT LAUDERDALE FL 33309
US

Mailing Address

5101 NW 21ST AVENUE
SUITE 440
FORT LAUDERDALE FL 33309
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/29/1985

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME MAYL, NATHAN
STREET ADDRESS 6504 N FEDERAL HWY, #200
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME PALMA, ROBERTO
STREET ADDRESS 5601 N DIXIE HWY
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME ZELMAN, DONALD
STREET ADDRESS 201 NW 82ND AVE #102
CITY-ST-ZIP PLANTATION FL

TITLE PD ☐ DELETE

NAME PALMER, M.D. RUSSEL
STREET ADDRESS 2699 STIRLING ROAD #B101
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE VP ☐ DELETE

NAME BARNAVON, MD Y
STREET ADDRESS 1131 N 35TH AVE #202
CITY-ST-ZIP HOLLYWOOD FL

TITLE SD ☐ DELETE

NAME ARNOLD, LAURENCE M
STREET ADDRESS 7710 NW 71ST CT #206
CITY-ST-ZIP TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 954-714-9772