FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90271 027 ****61.25

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

DOCUMENT # N07345

1. Entity Name
Broward County Society of Plastic and Reconstructive Surgeons, ---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5101 NW 21st Ave	5101 NW 21st Ave
Suite, Apt. #, etc. Ste 440	Suite, Apt. #, etc. Ste 440
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33309 Country B USA	Zip 33309 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0715269 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Cynthia S. Peterson

Street Address (P.O. Box Number is Not Acceptable): 5101 NW 21st Ave. Ste 440

City: Ft. Lauderdale FL Zip Code: 33309

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Palmer, Russel 2699 Stirling Rd. Ft. Lauderdale, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Weiser, Jonathan 3449 Johnson St. Hollywood, FL 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Barnavon, Yoav 1131 N. 35th Ave #202 Hollywood, FL 33021
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Palma, Roberto 910 N.E. 26th Ave. Ft. Lauderdale, FL 33304
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Russel Palmer MD 5-02-02 954-714-9772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #