2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 19, 2005
Secretary of State

DOCUMENT# N07345

Entity Name: BROWARD COUNTY SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0715269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: CYNTHIA PETERESON

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	HARRIS, SHAMPAIN	
Address:	2253 UNIVERSITY DRIVE	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	D	( ) Delete
Name:	PALMA, ROBERTO	
Address:	910 N.E. 26TH AVE.	
City-St-Zip:	FORT LAUDERDALE, FL 33304	
Title:	SD	( ) Delete
Name:	SIMON, PETER	
Address:	3201 N FEDERAL HWY # 302	
City-St-Zip:	FORT LAUDERDALE, FL 33306	
Title:	D	( ) Delete
Name:	RUSSEL, PALMER	
Address:	2699 STIRLING ROAD #B101	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	D	( ) Delete
Name:	BARNAVON, MD Y	
Address:	1131 N 35TH AVE #202	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	PD	( ) Delete
Name:	WEISER, JONATHAN	
Address:	3449 JOHNSON ST.	
City-St-Zip:	HOLLYWOOD, FL 33326	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN WEISER, M.D. PD 09/19/2005

Electronic Signature of Signing Officer or Director — Date