2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07345

FILED Sep 19, 2005 Secretary of State

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

5101 NW 21ST AVENUE SUITE 440 FORT LAUDERDALE, FL 33309 US FEI Number: 65-0715269 FEI Number Applied For () FEI Number Not All accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior not not not an accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior not	ncipal Place of Business:
Current Mailing Address: New Ma 5101 NW 21ST AVENUE SUITE 440 FORT LAUDERDALE, FL 33309 US FEI Number: 65-0715269 FEI Number Applied For () FEI Number Not Aj in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior no Name and Address of Current Registered Agent: PETERSON, CYNTHIA S. 5101 NW 21ST AVENUE SUITE 440 FORT LAUDERDALE, FL 33309 US The above named entity submits this statement for the purpose of changing in the State of Florida. SIGNATURE: CYNTHIA PETERESON Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITION 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. Address: 910 N.E. 26TH AVE. Address: 910 N.E. 26TH AVE. City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip: FORT LAUDERDALE, FL 33312	
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The above named entity submits this statement for the purpose of changing in the State of Florida. SIGNATURE: CYNTHIA PETERESON Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: OFFICERS AND DIRECTORS: ADDITION 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 City-St-Zip: FORT LAUDERDALE, FL 33312	
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OFFICERS AND DIRECTORS: ADDITION Title: VPD () Delete Title: Name: HARRIS, SHAMPAIN Name: Address: 2253 UNIVERSITY DRIVE Address: City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip Title: D () Delete Title: Name: PALMA, ROBERTO Name: Address: 910 N.E. 26TH AVE. Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip Title: SD () Delete Title: Name: SIMON, PETER Name: Address: 3201 N FEDERAL HWY # 302 Address: City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip Title: D () Delete Title: Name: RUSSEL, PALMER Name: Address: 2699 STIRLING ROAD #B101 Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip	
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Title: D () Delete Title:	() Change () Addition
Name: BARNAVON, MD Y Name: Address: 1131 N 35TH AVE #202 Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip	() Change () Addition
Title: PD () Delete Title: Name: WEISER, JONATHAN Name: Address: 3449 JOHNSON ST. Address: City-St-Zip: HOLLYWOOD, FL 33326 City-St-Zip	() Change () Addition

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