

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # N07345		
1. Entity Name BROWARD COUNTY SOCIETY OF PLASTIC AND RECONSTRUCTIVE 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 US	



04012007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0715269	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETERSON, CYNTHIA S. 5101 NW 21ST AVENUE SUITE 440 FORT LAUDERDALE, FL 33309	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, SHAMPAIN 2253 UNIVERSITY DRIVE PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMA, ROBERTO 910 N.E. 26TH AVE. FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMON, PETER 3201 N FEDERAL HWY # 302 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSEL, PALMER MD 2699 STIRLING ROAD #B101 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNAVON, YOAV MD 1131 N 35TH AVE #202 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISER, JONATHAN MD 3449 JOHNSON ST. HOLLYWOOD, FL 33326

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04/12/07-80006-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07

Date

954-714-9772

Daytime Phone #