

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07345

FILED
Apr 25, 2008
Secretary of State

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 ()**

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: _____

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 MD
Address: 2699 STIRLING ROAD #B101
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: BARNAVON, YOAV MD
Address: 1131 N 35TH AVE #202
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD () Delete
Name: WEISER, JONATHAN MD
Address: 3449 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STERN, JAMES D M.D.
Address: 1150 N. 35TH AVE, STE 550
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change () Addition
Name: TAYLOR, LEIGHTON M.D.
Address: 2261 N. UNIVERSITY DR., STE 200
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD (X) Change () Addition
Name: PEREZ, JORGE M.D.
Address: 2421 NE 65TH ST., STE 105
City-St-Zip: FORT LAUDERDALE, FL 33308

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

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

Title: D (X) Change () Addition
Name: WEISER, JONATHAN MD
Address: 3449 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CYNTHIA S. PETERSON

RA

04/25/2008

Electronic Signature of Signing Officer or Director

Date