2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
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:

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

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:	PD	( ) Delete
Name:	STERN, JAMES D M.D.	
Address:	1150 N. 35TH AVE, STE 550	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	S	( ) Delete
Name:	TAYLOR, LEIGHTON M.D.	
Address:	2261 N. UNIVERSITY DR., STE 200	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	TD	( ) Delete
Name:	PEREZ, JORGE M.D.	
Address:	2421 NE 65TH ST., STE 105	
City-St-Zip:	FORT LAUDERDALE, FL 33308	
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:	D	( ) Delete
Name:	WEISER, JONATHAN MD	
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 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: JAMES STERN, M.D. PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date