2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
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:

5101 N.W. 21ST AVENUE
SUITE 450
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

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

New Mailing Address:

5101 N.W. 21ST AVENUE
SUITE 450
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:

PETERSON, CYNTHIA S.
5101 NW 21ST AVENUE
SUITE 450
FORT LAUDERDALE, FL 33309 US

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: _____ 04/30/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: RUSSEL, PALMER MD
Address: 2699 STIRLING ROAD #B101
City-St-Zip: FORT LAUDERDALE, FL 33312

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES STERN, M.D. PD 04/30/2011
Electronic Signature of Signing Officer or Director — Date