## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N07345

1. Entity Name

## BROWARD COUNTY SOCIETY OF PLASTIC AND RECONSTRUC TIVE SURGEONS, INC.



Mailing Address
5101 NW 21ST AVENUE Principal Place of Business 5101 N.W. 21ST AVENUE SUITE 440 SUITE 440 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309

## **FILED** Apr 30, 2003 8:00 am § Secretary of State

04-30-2003 90330 007 \*\*\*\*61.25

**ተ**ቸበባበቭቭቭ



UO	:		00	•							
2. Principal Place of Business 3				ling Address		·					
Suite, Apt. #, etc.			Su	ite, Apt. #, etc.			<b>-</b>	CHECK HERE IF MAKING CHANGES			
City & State			Cit	City & State			4. FEI Number 6	<del></del>	oplied For		
Zip Country Zip					Cou	ntry	5. Certificate of Status Desired				
	6. Name	and Address of Current	Registere	d Agent			7. Name and Add	iress of New Registered	d Agent		
PETERSON, CYNTHIA S. 5101 NW 21ST AVENUE						Name Street Address (P.O. Box Number is Not Acceptable)					
SUITE 440 FORT LAUDERDALE FL 33309					·	City FL Zip Code					
	tions of regist	y subthits this statement followed the statem			<u>.</u> .		istered agent, or both, in . quired when reinstating)	the State of Florida. I an		and accept	
FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Co							\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS 1						<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, S 2253 UNI	SHAMPAIN VERSITY DRIVE (E PINES FL 33024		☐ Delete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ſ	OBERTO 26TH AVE. JDERDALE FL 33304		☐ Delete				<del> </del>	□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMON, P 3201 N FI			☐ Delete		1			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSEL, 2699 STIF			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNAVO 1131 N 3			□ Delete		1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEISER, 3449 JOH	Jonathan NSON St.		□ Delete		l l			☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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

以JMA REQUIRED

4/29/03 954-714-9772