2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000000515

Entity Name: FLORIDA FACIAL PLASTIC SURGERY EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

1 SOUTH SCHOOL AVE.
SUITE 800
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

1 SOUTH SCHOOL AVE.
SUITE 800
SARASOTA, FL 34237

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WACHHOLZ, MICHAEL S
3022 ST. JOHNS AVENUE
JACKSONVILLE, FL 32205 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: P ( ) Delete
Name: HOLCOMB, DAVID
Address: 1 SOUTH SCHOOL AVE., SUITE 800
City-St-Zip: SARASOTA, FL 34237

Title: VP ( ) Delete
Name: PRENDIVILLE, STEPHEN
Address: 9407 CYPRESS LAKE DRIVE, SUITE A
City-St-Zip: FT. MYERS, FL 33919

Title: TREA ( ) Delete
Name: WACHHOLZ, JEFFREY
Address: 2700 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: SEC ( ) Delete
Name: WACHHOLZ, MICHAEL
Address: 3022 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

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:

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: JH WACHHOLZ OFF 04/30/2009
Electronic Signature of Signing Officer or Director — Date