

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 08, 2011
Secretary of State

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
Name: HOLCOMB, DAVID
Address: 1 SOUTH SCHOOL AVE., SUITE 800
City-St-Zip: SARASOTA, FL 34237

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

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

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

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: JEFFREY WACHHOLZ

TREA

03/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date