2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# N09000000263

Entity Name: FLORIDA PLASTIC SURGERY SAFETY FOUNDATION, INC.

Current Principal Place of Business:

1945 LANE AVENUE SUITE 5
JACKSONVILLE, FL 32210

New Principal Place of Business:

5911 HICKS ROAD
JACKSONVILLE, FL 32244

Current Mailing Address:

1945 LANE AVENUE SUITE 5
JACKSONVILLE, FL 32210

New Mailing Address:

P.O. BOX 441745
JACKSONVILLE, FL 32222

FEI Number: 26-4026150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER
1000 RIVERSIDE AVE SUITE 115
JACKSONVILLE, FL 32204 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: D
Name: VITALE-LEWIS, VICTORIA A MD
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: MATAS, JAMES A MD
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: OBRIEN, JOHN J JR
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: M
Name: CALLAHAN, WANDA L
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

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: WANDA CALLAHAN M 02/16/2010

Electronic Signature of Signing Officer or Director — Date