## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION: ANNUAL REPORT ..



FLORIDA DEPARTMENT OF STATE

Sandra B. Məigham 👵

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N10409 (3)

PALM BEACH COUNTY SOCIETY OF PLASTIC AND RECONST RUCTIVE SURGEONS INC

HOOTIVE CONCLOSES INC.								
Principal Place of Business Mailing Address								
DR. FRED BARR DR. FRED BARR						3. Date Incorporated or Qualified		
1411 N. FLAGLER DRIVE, STE. 5800 1411 N. FLAGLER DRIVE, STI				E. 5800		07/24/1985		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3340			3401	11		4. FEI Number Applie	od For	
US US						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	pplicable	
2. Principal Place of Business 2a. Mailing Addre			36					
21		26				5. Certificate of Status Desired Fee Regul		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be		
22		27				Trust Fund Contribution Added to Fees		
City & State	9	City & State				7. Is this nonprofit corporation a homeowners association?		
23		28				☐ Yes <b>☑</b> No		
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the current year intengible		
24	25	29	30			Personal Property Tax due June 30.  Yes No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
KEUSCH, CRISTINA M.D. (TREASURER)				82	Street Ac	eet Address (P.O. Box Number is Not Acceptable)		
950 GLADES RD., #3				_				
BOCA RATON FL 33431				83				
			ŀ	84	City	85 Zip Cod	le	
					<u> </u>			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent or both in the State of Florida, Such change was authorized by the corporation's board of directors. I berefy accept the appointment as registered								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE								
Signalure, typed or printed name of registered agent and little if applicable. (NOTE: Re				egistered Agent signature required w				
12,	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition	
TITLE	DPS DOCEMBEDO CARY	TN DESCRIE	1.1 TIT			KEUSCH, CRISTIMM MIO		
NAME	ROSENBERG, GARY   5258 LINTON BLVD			12 NAME		950 Glades Rul, #3' D	$\mathcal{T}$	
STREET ADDRESS	DELRAY BCH FL			1.3 STREET ADDRESS		, , ,	`	
CITY-ST-ZIP	DVP	DELETE	1.4 CIT		T-ZIP		Addition	
TITLE				(IREASURER)		(TREASURER)	ן ויטוווטטא נ	
NAME	RASMUSSEN, JANA (VICE-PRESIDENT)			2.2 NAME				
STREET ADDRESS	f i i i i i i i i i i i i i i i i i i i			2.3 STREET ADDRESS			-	
CITY-ST-ZIP	W PALM BCH FL DT DELETE			2.4 CITY-ST-ZIP 3.1 TITLE		Change C	Addition	
TITLE	OT ADTUDO	TA DETER			}	Li Crange L	T VODICIOLS	
NAME	GUILOFF, ARTURO			3.2 NAME				
STREET ADDRESS	· • · · • · · · · · · · · · · · · · · ·			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				
CITY-ST-ZIP	PALM BCH GDS FL	DELETE	_		11 - ZIP	Change	Addition	
TITLE	D OTEM RECEDEN	CA nereie	4.1 TIT			Change L.	T WOOMINGOOL	
NAME	STEIN, JEFFREY		4. 2 NA					
STREET ADDRESS				4.3 STREET ADDRESS			}	
CITY-ST-ZIP	WEST PALM BEACH FL	DELETE	4.4 CIT		r-ZIP		Addition	
TITLE	DT CHAW KEMM E	THE DELETE	5.1 TIT		}	□ Change 7	Addition	
SHAW, KEVIN E				5.2 NAME		110000000000000000000000000000000000000		
STREET ADDRESS 899 MEADOWS RD., STE. 301				5.3 STREET ADDRESS		10000245416 10 10 10 10 10 10 10 10 10 10 10 10 10		
CITY-ST-ZIP	BOCA RATON FL	Deterr	5.4 CIT		- ZIP	-U3/11/38U11UUUU4	1 Addition	
TITLE	DPS (PRE	DELETE SIDENT)	6.1 TiT			###61.25 □ Change □	Addition	
NAME	W-411) 111001100	•	6.2 NA					
STREET ADDRESS	1411 N FLAGLER DRIVE, STE 5	800	- 1		address		]	
CITY-ST-ZIP	West Palm Beach Fl.		6.4 CIT	Y-ST	r-ZIP			

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

561 3689455

**FILED** 

Mar 11 1998 8:00am

Secretary of State

A CHAINNAN AND MANA CANCE BIRKI MAKIN HAIK MERIL ANDER MINER ANDER ANDER ANDER HARA