


FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N10409</b> (3) 1. Corporation Name <b>PALM BEACH COUNTY SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS, INC.</b>			
Principal Place of Business		Mailing Address	
DR. FRED BARR 1411 N. FLAGLER DRIVE, STE. 5800 WEST PALM BEACH FL 33401 US		DR. FRED BARR 1411 N. FLAGLER DRIVE, STE. 5800 WEST PALM BEACH FL 33401 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	07/24/1985	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2560346	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip	7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country	30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KEUSCH, CRISTINA M.D. (TREASURER) 950 GLADES RD., #3 BOCA RATON FL 33431		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 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			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ROSENBERG, GARY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	KEUSCH, CRISTINA M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBERG, GARY	1.2 NAME	950 Glades Rd., #3 DT
STREET ADDRESS	5258 LINTON BLVD	1.3 STREET ADDRESS	Boca Raton FL 33431
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	(TREASURER) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVP RASMUSSEN, JANA (VICE-PRESIDENT) <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	RASMUSSEN, JANA	2.2 NAME	
STREET ADDRESS	2121 N FLAGLER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	DT GUILLOFF, ARTURO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	GUILLOFF, ARTURO	3.2 NAME	
STREET ADDRESS	9123 N MILITARY TR 208	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDS FL	3.4 CITY-ST-ZIP	
TITLE	D STEIN, JEFFREY <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	STEIN, JEFFREY	4.2 NAME	
STREET ADDRESS	1500 N DIXIE HWY. #304	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DT SHAW, KEVIN E <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	SHAW, KEVIN E	5.2 NAME	
STREET ADDRESS	899 MEADOWS RD., STE. 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	DPS BARR, FREDRIC (PRESIDENT) <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	BARR, FREDRIC	6.2 NAME	
STREET ADDRESS	1411 N FLAGLER DRIVE, STE 5800	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	



CR2E037 (10/97)

SIGNATURE:

*[Signature]*

1/8/98 361 3689455