04/26/2004 20:26 5613477500 APPLEBAUM

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Apr 29, 2004 8:00 am
Secretary of State
04-05-2004 90059 034 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005675

1. Entity Name
CHPA DISTRICT #9 PLASTIC AND RECONSTRUCTIVE SURGEONS IPA, INC.

66416283..

Principal Place of Business	Mailing Address
7284 PALMETTO PARK RD. WEST. STE. 105 BOCA RATON, FL 33433 US	C/O RICARDO D. AYALA 2135 S. CONGRESS AVE., STE. 1C WEST PALM BEACH, FL 33406

01132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1599 NW 9th Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Boca Raton, FL	
Zip 33486 Country USA	Zip Country

4. FEI Number 59-3223832 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AYALA, RICARDO D 2135 S CONGRESS AVE #1C WEST PALM BEACH, FL 33406	Name: Susan Conley Street Address (P.O. Box Number Is Not Acceptable): 1191 E. Newport Center Dr. #103 City: Deerfield Beach FL Zip Code: 33442

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Susan Conley 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RASMUSSEN, JANA K M.D. 2121 N. FLAGLER DRIVE/BROWARD AVENUE W. PALM BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rasmussen, Jana K M.D. 1717 N. Flagler Drive West Palm Beach, FL 33407	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RESS, ANDREW M.D. 7284 PALMETTO PARK RD. W., #105 BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD APPLEBAUM, DAVID J M.D. 1599 N.W. 9TH AVENUE BOCA RATON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Applebaum, David J MD 1599 NW 9th Avenue Boca Raton, FL 33486	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PILLERSDORF, ALLAN B M.D. 2459 S. CONGRESS AVENUE, #102 W. PALM BEACH, FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pillersdorf, Allan B. M.D. 1620 S. Congress Ave. West Palm Beach, FL 33406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BARR, FREDENC M M.D. 1411 N. FLAGLER DR. STE. 5800 WEST PALM BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Barr, Fredenc M M.D. 1411 N. Flagler Dr. Ste 5800 West Palm Beach, FL 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D METLIS, SCHUYLER 3385 BURNS ROAD, #201 PALM BEACH GARDENS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Metlis, Schuyler 3385 Burns Road #201 Palm Beach Gardens, FL 33410	☒ Change ☐ Addition

12. I hereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4.1.04 561 347-7777
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #