

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90008 042 \*\*\*\*61.25

**DOCUMENT # N93000005675**

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



Principal Place of Business

**1599 NW 9TH AVE.  
BOCA RATON, FL 33486 US**

Mailing Address

**1599 NW 9TH AVE.  
BOCA RATON, FL 33486 US**

10000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

**59-3223832**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CONLEY, SUSAN  
6301 NW 5TH WAY  
SUITE 4500  
FORT LAUDERDALE, FL 33309**

Name

**Susan Conley**

Street Address (P.O. Box Number is Not Acceptable)

**2600 N Military Trail**

**Suite 230**

City

**Boca Raton**

FL

Zip Code

**33431**

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**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

**3/21/07**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE **D** ☐ Delete  
NAME **RASMUSSEN, JANA K M.D.**  
STREET ADDRESS **1717 N FLAGLER DR.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE **PD** ☐ Delete  
NAME **APPLEBAUM, DAVID J M.D.**  
STREET ADDRESS **1599 N.W. 9TH AVENUE**  
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **D** ☐ Delete  
NAME **PILLERSDORF, ALLAN B M.D.**  
STREET ADDRESS **1620 S CONGRESS AVE.**  
CITY-ST-ZIP **W. PALM BEACH, FL 33406**

TITLE **VPD** ☐ Delete  
NAME **BARR, FREDENC M M.D.**  
STREET ADDRESS **1411 N. FLAGLER DR. STE. 5800**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D** ☐ Delete  
NAME **METLIS, SCHUYLER**  
STREET ADDRESS **3385 BURNS ROAD, #201**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/07 561 347-777**  
Date Daytime Phone #