

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005675

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3223832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPLEBAUM, DAVID J MD
1599 NW 9TH AVE
BOCA RATON, FL 33486 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 () Delete
Name: RASMUSSEN, JANA K M.D.
Address: 1717 N FLAGLER DR.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: PD () Delete
Name: APPLEBAUM, DAVID J M.D.
Address: 1599 N.W. 9TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: PILLERSDORF, ALLAN B M.D.
Address: 1620 S CONGRESS AVE.
City-St-Zip: W. PALM BEACH, FL 33406

Title: VPD () Delete
Name: BARR, FREDENC M M.D.
Address: 1411 N. FLAGLER DR. STE. 5800
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: METLIS, SCHUYLER
Address: 3385 BURNS ROAD, #201
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID J APPLEBAUM MD

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date