

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005675

FILED  
Feb 22, 2010  
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  
Name: RASMUSSEN, JANA K M.D.  
Address: 1717 N FLAGLER DR.  
City-St-Zip: WEST PALM BEACH, FL 33407

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID J. APPLEBAUM, MD

PD

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date