FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002756 (3)**

1. Corporation Name

FLORIDA SOCIETY OF FACIAL PLASTIC AND RECONSTRUC TIVE SURGERY, INC.

Principal Place of Business	Mailing Address
1133 W. MORSE BLVD. SUITE 201 WINTER PARK FL 32789	1133 W. MORSE BLVD. SUITE 201 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 06/13/1995
3a. Date of Last Report:
4. FEI Number: 59-6201213 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STEALEY, MARJORIE
1133 W. MORSE BLVD.
SUITE 201
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BECKER, FERDINAND F		12 NAME	
STREET ADDRESS	777 37TH STREET #C-101		13 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	NACHLAS, NATHAN E		22 NAME	
STREET ADDRESS	900 N.W. 13TH STREET #201		23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		24 CITY-ST-ZIP	
TITLE	D	☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SIMONS, ROBERT L		32 NAME	
STREET ADDRESS	16800 N.W. 2ND AVE. #607		33 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33169		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☒ Change ☐ Addition
NAME	WEISSMAN, BRUCE		42 NAME	300001809388
STREET ADDRESS	333 ARTHUR GODFREY RD. #722		43 STREET ADDRESS	-05/06/96--01062--034
CITY-ST-ZIP	MIAMI FL 33140-3608		44 CITY-ST-ZIP	***61.25
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	FARRIOR, RICHARD		52 NAME	
STREET ADDRESS	4 COLUMBIA DRIVE #860		53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/2/96 407-647-8839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NATHAN NACHLAS