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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32789-3788

3. Date Incorporated or Qualified: **06/13/1995**
3a. Date of Last Report: **05/01/1996**

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

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

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	1.1 TITLE	PED	☐ Change ☒ Addition
NAME	BECKER, FERDINAND F		1.2 NAME	STROHMEYER, JOHN	
STREET ADDRESS	777 37TH STREET #C-101		1.3 STREET ADDRESS	1020 GOODLETTE RD., N., #100	
CITY-ST-ZIP	VERO BEACH FL 32960		1.4 CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NACHLAS, NATHAN E		2.2 NAME		
STREET ADDRESS	900 N.W. 13TH STREET #201		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	STD	☐ Change ☒ Addition
NAME	SIMONS, ROBERT L		3.2 NAME	HILLSTROM, ROBERT	
STREET ADDRESS	16800 N.W. 2ND AVE. #607		3.3 STREET ADDRESS	2010 59TH ST. W., #3500	
CITY-ST-ZIP	N MIAMI BEACH FL 33169		3.4 CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEISSMAN, BRUCE		4.2 NAME		
STREET ADDRESS	333 ARTHUR GODFREY RD. #722		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33140-3608		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME	FARRIOR, RICHARD		5.2 NAME	FARRIOR, EDWARD H.	
STREET ADDRESS	4 COLUMBIA DRIVE #860		5.3 STREET ADDRESS	4 COLUMBIA DRIVE, #860	
CITY-ST-ZIP	TAMPA FL 33606		5.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: _____ 2/4/97 251-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR