FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State
04-01-1999 90099 023 ****61.25

0015656

DOCUMENT # **N95000002756**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/13/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6201213 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	PD	☐ DELETE	1.1 TITLE	PP/D	☒ Change ☐ Addition
NAME	STROHMEYER, JOHN		1.2 NAME	STROHMEYER, JOHN	
STREET ADDRESS	702 GOODLETTE RD #100		1.3 STREET ADDRESS	702 GOODLETTE RD., #100	
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	☒ DELETE	2.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME	NACHLAS, NATHAN E		2.2 NAME	GALITZ, RICHARD	
STREET ADDRESS	900 N.W. 13TH STREET #201		2.3 STREET ADDRESS	2875 NE 191ST STREET, #303	
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	PED	☐ DELETE	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	HILLSTROM, ROBERT		3.2 NAME	HILLSTROM, ROBERT	
STREET ADDRESS	250 2ND ST EAST #4B		3.3 STREET ADDRESS	250 2ND STREET EAST #4B	
CITY-ST-ZIP	BRADENTON FL 34208		3.4 CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE	PPD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FARRIOR, EDWARD H		4.2 NAME		
STREET ADDRESS	4 COLUMBIA DRIVE, #860		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE	PE/D	☒ Change ☐ Addition
NAME	EPSTEIN, JEFFREY S		5.2 NAME	EPSTEIN, JEFFREY S.	
STREET ADDRESS	6280 SUNSET DR #504		5.3 STREET ADDRESS	6280 SUNSET DRIVE, #504	
CITY-ST-ZIP	MIAMI FL 33134		5.4 CITY-ST-ZIP	MIAMI, FL 33134	
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		

14. I 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, with all other like empowered.

SIGNATURE: Signature NOT REQUIRED 23 March, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

-CR2E037-(11/98)