

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002756

FILED
Jan 04, 2006
Secretary of State

Entity Name: FLORIDA SOCIETY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

Current Principal Place of Business:

6134 POPLAR BLUFF CIR.
SUITE 101
NORCROSS, GA 30092

New Principal Place of Business:

Current Mailing Address:

6134 POPLAR BLUFF CIR.
SUITE 101
NORCROSS, GA 30092

New Mailing Address:

FEI Number: 59-6201213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEVENS, ROSS MD
1344 S. APOLLO BLVD.
SUITE 100
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

HOLCOMB, J. DAVID MD
1 S. SCHOOL AVE.
SUITE 900
SARASOTA, FL 34237 US

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: J. DAVID HOLCOMB, MD 01/04/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CLEVENS, ROSS MD
Address: 1344 S. APOLLO BLVD., SUITE 100
City-St-Zip: MELBOURNE, FL 32901 US

Title: ED () Delete
Name: MORRISON, TARA M CAE
Address: 6134 POPLAR BLUFF CIR., SUITE 101
City-St-Zip: NORCROSS, GA 30092 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: HOLCOMB, J. DAVID MD
Address: 1 S. SCHOOL AVE., SUITE 800
City-St-Zip: SARASOTA, FL 34237 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TARA M. MORRISON ED 01/04/2006

Electronic Signature of Signing Officer or Director Date