

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 07, 2007  
Secretary of State**

DOCUMENT# N95000002756

**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:**

HOLCOMB, J. DAVID MD  
1 S. SCHOOL AVE.  
SUITE 900  
SARASOTA, FL 34237 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: STD ( ) Delete  
Name: HOLCOMB, J. DAVID MD  
Address: 1 S. SCHOOL AVE., SUITE 800  
City-St-Zip: SARASOTA, FL 34237 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

03/07/2007

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

\_\_\_\_\_  
Date