

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002756

FILED
Mar 30, 2010
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:

1844 ARDMORE BLVD
PITTSBURGH, PA 15221

Current Mailing Address:

6134 POPLAR BLUFF CIR.
SUITE 101
NORCROSS, GA 30092

New Mailing Address:

1844 ARDMORE BLVD
PITTSBURGH, PA 15221

FEI Number: 59-6201213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRENDIVILLE, STEPHEN MD
9407 CYPRESS LAKE DRIVE
UNIT A
FT MYERS, FL 33919 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: IPP
Name: PRENDIVILLE, STEPHEN MD
Address: 9407 CYPRESS LAKE DRIVE, UNIT A
City-St-Zip: FT MYERS, FL 33919 US

Title: ED
Name: WAGNER, ROBIN L
Address: 1844 ARDMORE BLVD.
City-St-Zip: PITTSBURGH, PA 15221 US

Title: PR
Name: WACHHOLZ, JEFFREY H MD
Address: 2700 RIVERSIDE AVENUE, SUITE 7
City-St-Zip: JACKSONVILLE, FL 32205

Title: ST
Name: ANURAG, AGARWAL MD
Address: 11181 HEALTH PARK BLVD. SUITE 115
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: ROBIN L. WAGNER

ED

03/30/2010

Electronic Signature of Signing Officer or Director

Date