

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002756

FILED
Apr 10, 2012
Secretary of State

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

Current Principal Place of Business:

2400 ARDMORE BLVD
SUITE 302
PITTSBURGH, PA 15221

New Principal Place of Business:

Current Mailing Address:

2400 ARDMORE BLVD
SUITE 302
PITTSBURGH, PA 15221

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:

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: 2400 ARDMORE BLVD., STE 302
City-St-Zip: PITTSBURGH, PA 15221 US

Title: PR
Name: AGARWAL, ANURAG MD
Address: 11181 HEALTH PARK BLVD, STE 1115
City-St-Zip: NAPLES, FL 34110

Title: ST
Name: GROSS, EDWARD MD
Address: 1035 PRIMERA BLVD.
City-St-Zip: LAKE MARY, FL 32746

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

04/10/2012

Electronic Signature of Signing Officer or Director

Date