2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003
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.
NORCROSS, GA 30092

New Principal Place of Business:

Current Mailing Address:

6134 POPLAR BLUFF CIR.
SUITE 201
NORCROSS, GA 30092

New Mailing Address:

6134 POPLAR BLUFF CIR.
NORCROSS, GA 30092

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

Name and Address of Current Registered Agent:

ALLEN, STEPHEN MD
900 SE OCEAN BLVD.
#338
STUART, FL 34994 US

Name and Address of New Registered Agent:

ADLER, STEPHEN MD
900 SE OCEAN BLVD.
#338
STUART, FL 34994 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: STEPHEN ADLER, MD 01/14/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: ADLER, STEPHEN
Address: 900 SE OCEAN BLVD., #338
City-St-Zip: STUART, FL 349943502

Title: PD ( ) Delete
Name: GALITZ, RICHARD
Address: 2875 NE 191ST , 303
City-St-Zip: AVENTURA, FL 33180

Title: PPD ( ) Delete
Name: HILLSTROM, ROBERT
Address: 250 2ND ST EAST #4B
City-St-Zip: BRADENTON, FL 34208

Title: PPD ( ) Delete
Name: EPSTEIN, JEFFREY S
Address: 6280 SUNSET DR #504
City-St-Zip: MIAMI, FL 33134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ED ( ) Change (X) Addition
Name: TARA, MORRISON M
Address: 6134 POPLAR BLUFF CIR.
City-St-Zip: NORCROSS, GA 30092 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN ADLER, MD STD 01/14/2003
Electronic Signature of Signing Officer or Director Date