

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000041034 (6)**

1. Corporation Name
BROWARD PLASTIC SURGICAL ASSOCIATES, P.A.



Principal Place of Business 4300 N. UNIVERSITY DRIVE STE B106 LAUDERHILL FL 33351	Mailing Address 4300 N. UNIVERSITY DRIVE STE B106 LAUDERHILL FL 33351-6251
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3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last Report 03/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 65-0569324	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRADY, FRANK R
370 CAMINO GARDENS BLVD.
THIRD FLOOR
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: Type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOMAGISTRO, FRANK J MD		1.2 NAME Turner, Vernon	
STREET ADDRESS 4300 N UNIVERSITY DR. B106		1.3 STREET ADDRESS 3536 N. Federal Hwy.	
CITY-ST-ZIP LAUDERHILL FL 33351		1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURNER, VERNON MD		2.2 NAME Eisenstadt, Steven MD	
STREET ADDRESS 3536 N FEDERAL HWY.		2.3 STREET ADDRESS 220 SW 34th Avenue, #203	
CITY-ST-ZIP FT. LAUDERDALE FL 33308		2.4 CITY-ST-ZIP Plantation, FL 33324	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EISENSTADT, STEVEN MD		3.2 NAME Arnold, Laurence MD	
STREET ADDRESS 4101 NW 4TH ST., #409		3.3 STREET ADDRESS 7710 NW 71st Court, #206	
CITY-ST-ZIP PLANTATION FL 33317		3.4 CITY-ST-ZIP Tamarac, FL 33321	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARNOLD, LAURENCE MD		4.2 NAME Lomagistro, Frank MD	
STREET ADDRESS 7710 NW 71ST CT., 206		4.3 STREET ADDRESS 4300 N University Dr. B106	
CITY-ST-ZIP TAMARAC FL 33321		4.4 CITY-ST-ZIP LAUDERHILL, FL 33351	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *By: Frank Lomagistro MD* 3/31/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ Daytime Phone # _____

CR2E034 (9/96)