

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

FILED
Apr 07 1998 8:00am
Secretary of State

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0569324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--------------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | TURNER, VERNON | |
| STREET ADDRESS | 3536 N FEDERAL HWY | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |

| | | |
|----------------|-------------------------|--------------------------------------------|
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | EISENSTADT, STEVEN M.D. | |
| STREET ADDRESS | 220 SW 84TH AVE #203 | |
| CITY-ST-ZIP | PLANTATION FL | |

| | | |
|----------------|-------------------------|--------------------------------------------|
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | ARNOLD, LAURENCE M.D. | |
| STREET ADDRESS | 7710 NW 71ST COURT #208 | |
| CITY-ST-ZIP | TAMARAC FL | |

| | | |
|----------------|---------------------------|--------------------------------------------|
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | LOMAGISTRO, FRANK M.D. | |
| STREET ADDRESS | 4300 N UNIVERSITY DR B106 | |
| CITY-ST-ZIP | LAUDERHILL FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Eisenstadt, Steven MD | |
| 1.3 STREET ADDRESS | 220 SW 84 Ave. - #203 | |
| 1.4 CITY-ST-ZIP | Plantation, FL 33324 | |

| | | |
|--------------------|---------------------|------------------------------------------------------------------------------|
| 2.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Turner, Vernon MD | |
| 2.3 STREET ADDRESS | 3536 N. Federal Hwy | |
| 2.4 CITY-ST-ZIP | Ft. Laud, FL 33308 | |

| | | |
|--------------------|-----------------------------|------------------------------------------------------------------------------|
| 3.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Lomagistro, Frank MD | |
| 3.3 STREET ADDRESS | 4300 N University Dr - B106 | |
| 3.4 CITY-ST-ZIP | Lauderhill, FL 33351 | |

| | | |
|--------------------|--|-------------------------------------------------------------------|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|-------------------------------------------------------------------|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|-------------------------------------------------------------------|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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 registered or trusted agent 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 address.

SIGNATURE:

Frank Lomagistro MD 4/1/98

CR2E034 (10/97)