

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

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90014 031 \*\*\*150.00

03119824

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000041034**

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**

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISENSTADT, STEVEN M D</b>	1.2 NAME	<b>LOMAGISTRO, FRANK MD</b>
STREET ADDRESS	<b>220 SW 84 AVE SUITE 203</b>	1.3 STREET ADDRESS	<b>4300 N. UNIVERSITY DR. - B106</b>
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	1.4 CITY-ST-ZIP	<b>LAUDERHILL, FL 33351</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP. EISENSTADT, STEVEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, VERNON MD</b>	2.2 NAME	<b>EISENSTADT, STEVEN MD</b>
STREET ADDRESS	<b>3536 N FEDERAL HWY</b>	2.3 STREET ADDRESS	<b>220 SW 84 AVE - #203</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	2.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMAGISTRO, FRANK MD</b>	3.2 NAME	<b>TURNER, VERNON MD</b>
STREET ADDRESS	<b>4300 N UNIVERSITY DR B 106</b>	3.3 STREET ADDRESS	<b>3536 N. FEDERAL HWY</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>	3.4 CITY-ST-ZIP	<b>FT. LAUD., FL 33308</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMAGISTRO, FRANK M.D.</b>	4.2 NAME	
STREET ADDRESS	<b>4300 N UNIVERSITY DR B106</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	4.4 CITY-ST-ZIP	
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 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 with all other like empowered.

SIGNATURE:

*Frank M. Lomagistro*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99  
 Date Daytime Phone #

CR2E034 (11/98)