

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-16-1999 90014 031 ***150.00

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

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ 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

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	EISENSTADT, STEVEN M D	
STREET ADDRESS	220 SW 84 AVE SUITE 203	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, VERNON MD	
STREET ADDRESS	3536 N FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LOMAGISTRO, FRANK MD	
STREET ADDRESS	4300 N UNIVERSITY DR B 106	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	T	<input 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	LOMAGISTRO, FRANK MD	
1.3 STREET ADDRESS	4300 N. UNIVERSITY DR. - B106	
1.4 CITY-ST-ZIP	LAUDERHILL, FL 33351	
2.1 TITLE	VP - ASST, STEVEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EISENSTADT, STEVEN MD	
2.3 STREET ADDRESS	220 SW 84 AVE - #203	
2.4 CITY-ST-ZIP	PLANTATION, FL 33324	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TURNER, VERNON MD	
3.3 STREET ADDRESS	3536 N. FEDERAL HWY	
3.4 CITY-ST-ZIP	FT. LAUD., FL 33308	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)