

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

May 18, 2000 8:00 am
Secretary of State

05-01-2000 90315 031 ***150.00

DOCUMENT # P95000041034

1. Entity Name

BROWARD PLASTIC SURGICAL ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

**4300 N. UNIVERSITY DRIVE STE B106
LAUDERHILL FL 33351**

**4300 N. UNIVERSITY DRIVE STE B106
LAUDERHILL FL 33351-6243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0569324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LOMAGISTRO, FRANK MD	
STREET ADDRESS	4300 N. UNIVERSITY DR. - B106	
CITY - ST - ZIP	LAUDERHILL FL 33351	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EISENSTADT, STEVEN MD	
STREET ADDRESS	220 SW 84 AVE #203	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TURNER, VERNON MD	
STREET ADDRESS	3536 N. FEDERAL HWY	
CITY - ST - ZIP	FT LAUD FL 33308	
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		

TITLE	/	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKARLANIS, CHANEREND	
STREET ADDRESS	1754 E. COMMERCIAL BLVD	
CITY - ST - ZIP	FT. LAUD., FL 33334	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUECKER, J. CRAIG MD	
STREET ADDRESS	3449 JOHNSON ST.	
CITY - ST - ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 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 (9/99)