

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041034

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	LOMAGISTRO, FRANK MD	4300 N. UNIVERSITY DR. - B106	LAUDERHILL FL 33351				
VP	EISENSTADT, STEVEN MD	220 SW 84 AVE #203	PLANTATION FL 33324				
S	KAPLAN, CHANCE	1754 E COMMERCIAL BLVD	FORT LAUDERDALE FL 33334				
T	UECKER, J.CRAIG	3449 JOHNSON ST	HOLLYWOOD FL 33021				

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

4/17/01

Date

954-742-0808

Daytime Phone #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90045 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)