

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90191 028 \*\*\*150.00

**DOCUMENT # P95000041034**

1. Entity Name  
**BROWARD PLASTIC SURGICAL ASSOCIATES, P.A.**



Principal Place of Business  
**3449 JOHNSON STREET  
HOLLYWOOD, FL 33021**

Mailing Address  
**3449 JOHNSON STREET  
HOLLYWOOD, FL 33021**

**50036523**



2. Principal Place of Business  
**1754 East Commercial Blvd.**

3. Mailing Address  
**1754 East Commercial Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005

Chg-P

CR2E034 (10/03)

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

4. FEI Number  
**65-0569324**

Applied For  
Not Applicable

Zip  
**33334**

Country  
**USA**

Zip  
**33334**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | P                       | <input checked="" type="checkbox"/> Delete |
| NAME           | VECKER, JEFFREY         |  |
| STREET ADDRESS | 3449 JOHNSON STREET     |  |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33021     |  |
| TITLE          | V                       | <input checked="" type="checkbox"/> Delete |
| NAME           | KAPLAN, CHANCE          |  |
| STREET ADDRESS | 1754 E COMMERCIAL BLVD  |  |
| CITY-ST-ZIP    | FT-LAUDERDALE, FL 33021 |  |
| TITLE          | S                       | <input type="checkbox"/> Delete            |
| NAME           | EISENSTADT, STEVEN      |  |
| STREET ADDRESS | 220 SW 84 AVE           |  |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 33324 |  |
| TITLE          | T                       | <input type="checkbox"/> Delete            |
| NAME           | LOMAGISTRO, FRANK       |  |
| STREET ADDRESS | 1625 SE 3RD AVE         |  |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 33316 |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | VP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Uecker, Jeffrey            |  |
| STREET ADDRESS | 3449 Johnson Street        |  |
| CITY-ST-ZIP    | Hollywood, FL 33021        |  |
| TITLE          | P                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Kaplan, Chance             |  |
| STREET ADDRESS | 1754 East Commercial Blvd. |  |
| CITY-ST-ZIP    | Fort Lauderdale, FL 33334  |  |
| 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          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

12. 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 10 or Block 11 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 #

**4/6/05 9547721069**