

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732950

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC6003396565**

**Entity Name:** MIAMI SOCIETY OF PLASTIC SURGEONS, INC.

**Current Principal Place of Business:**

MIAMI CHILDREN'S HOSPITAL  
3100 SW 62ND AVE  
MIAMI, FL 33155

**Current Mailing Address:**

PO BOX 430901  
SOUTH MIAMI, FL 33243

**FEI Number:** 59-1670308

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PERLYN, CHAD M.D.  
MIAMI CHILDREN'S HOSPITAL  
3100 SW 62ND AVE PLASTIC SURGERY OFFICE  
MIAMI, FL 33155 US

*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:** CHAD PERLYN, MD

01/13/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NEWMAN, MARTIN MD  
Address        2950 CLEVELAND CLINIC BLVD  
City-State-Zip: WESTON FL 33331

Title            PRESIDENT-ELECT  
Name            PEREZ, RAMIRO MD  
Address        6200 SUNSET DRIVE  
                  402  
City-State-Zip: SOUTH MIAMI FL 33143

Title            IMMEDIATE PAST PRESIDENT  
Name            POLO, MAX MD  
Address        6280 SUNSET DRIVE  
                  501  
City-State-Zip: SOUTH MIAMI FL 33143

Title            TREASURER  
Name            PERLYN, CHAD MD  
Address        MIAMI CHILDREN'S HOSPITAL  
                  3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title            SECRETARY  
Name            PAZMINO, PATRICK MD  
Address        848 BRICKELL AVE  
                  SUITE 820  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHAD PERLYN, MD

TREASUER

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date