

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732950

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

**Current Principal Place of Business:**

6200 SUNSET DRIVE  
SUITE 402  
MIAMI, FL 33143

**Current Mailing Address:**

6200 SUNSET DRIVE  
SUITE 402  
MIAMI, FL 33143 US

**FEI Number:** 59-1670308

**Certificate of Status Desired:** No

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

PARLADE, JAIME DR.  
5975 SUNSET DRIVE  
SUITE 802  
SOUTH MIAMI, FL 33143 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:** JAIME PARLADE

01/07/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name PAT , PAZMINO MD  
Address PO BOX 310461  
City-State-Zip: MIAMI FL 33231

Title TR  
Name HUSAIN, TARIK MD  
Address 400 ARTHUR GODFREY.  
SUITE 412  
City-State-Zip: MIAMI FL 33140

Title P  
Name CASTRELLON, RICARDO MD  
Address 6200 SUNSET DRIVE  
SUITE 402  
City-State-Zip: MIAMI FL 33143

Title V  
Name SARRAGA, ANDRES MD  
Address 21110 BISCAYNE BLVD  
SUITE 830  
City-State-Zip: MIAMI FL 33137

Title T  
Name NATHAN, NIRMAL MD  
Address 4770 BISCAYNE BLVD  
SUITE 830  
City-State-Zip: MIAMI FL 33137

Title S  
Name BERGER, AARON JACOB MD  
Address 3100 SE 62 AVE  
City-State-Zip: MIAMI FL 33155

*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:** PAT , PAZMINO MD

MGR

01/07/2022

Electronic Signature of Signing Officer/Director Detail

Date