

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732950

Entity Name: MIAMI SOCIETY OF PLASTIC SURGEONS, INC.

Current Principal Place of Business:

6280 SUNSET DRIVE
SUITE 501
MIAMI, FL 33143

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:

PEREZ, RAMIRO M.D.
6200 SUNSET DRIVE
402
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: RAMIRO PEREZ

04/29/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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: RAMIRO PEREZ

S-T

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date