### 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.

VP

#### SIGNATURE: PAT PAZMINO MD

Electronic Signature of Signing Officer/Director Detail

SIGNATURE	: PAT PAZMINO MD			04/30/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	IMMEDIATE PAST PRESIDENT	-
Name	PERLYN, CHAD MD	Name	PEREZ, RAMIRO MD	
Address	PO BOX 310461	Address	PO BOX 310461	
City-State-Zip:	MIAMI FL 33231	City-State-Zip:	MIAMI FL 33231	
Title	TREASURER	Title	VP	
Name	MARSHALL, DEIRDRE MD	Name	PAZMINO, PAT MD	
Address	PO BOX 310461	Address	PO BOX 310461	
City-State-Zip:	MIAMI FL 33231	City-State-Zip:	MIAMI FL 33231	
Title	SECRETARY			
Name	ASKARI, MORAD			
Address	PO BOX 310461			
City-State-Zip:	MIAMI FL 33231			

MIAMI, FL 33231 US

**Current Principal Place of Business:** 

## FEI Number: 59-1670308

**Current Mailing Address:** 

**DOCUMENT# 732950** 

MSPS

PO BOX 310461 MIAMI, FL 33231

PO BOX 310461

# Name and Address of Current Registered Agent:

PAZMINO, PAT DR. 848 BRICKELL AVENUE, SUITE 820 MIAMI, FL 33131 US

# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### FILED Apr 30, 2016 Secretary of State CC7357654947

Certificate of Status Desired: Yes

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.

Entity Name: MIAMI SOCIETY OF PLASTIC SURGEONS, INC.

04/30/2016 Date