

2023 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

01/19/2023

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: RICARDO CASTRELLON

P

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date