

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 732950

Entity Name: MIAMI SOCIETY OF PLASTIC SURGEONS, INC.

**FILED
Jul 31, 2013
Secretary of State
CC3566302797**

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

07/31/2013

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

TREASURER

07/31/2013

Electronic Signature of Signing Officer/Director Detail

Date