I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the true of the corporation or the receiver or trustee empowered to execute the true of the corporation or the receiver or trustee empowered to execute the true of the corporation or the receiver or trustee empowered to execute the true of the corporation or the receiver or trustee empowered to execute the true of the t		
· · · · ·	ne mis report as required by Griapier 617, Florida Stat	utes, and that my hame appears
above, or on an attachment with all other like empowered.		
SIGNATURE: PAT PAZMINO	TRUSTEE	07/25/2018

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

#### DOCUMENT# 732950

Entity Name: MIAMI SOCIETY OF PLASTIC SURGEONS, INC.

## **Current Principal Place of Business:**

MSPS PO BOX 310461 MIAMI, FL 33231

### **Current Mailing Address:**

PO BOX 310461 MIAMI, FL 33231 US

# FEI Number: 59-1670308

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

PAZMINO, PAT DR. 848 BRICKELL AVENUE, SUITE 820 MIAMI, FL 33131 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	: PAT PAZMINO MD			07/25/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	TRUSTEE	Title	PRESIDENT		
Name	PAZMINO, PAT MD	Name	ASKARI, MORAD		
Address	PO BOX 310461	Address	PO BOX 310461		
City-State-Zip:	MIAMI FL 33231	City-State-Zip:	MIAMI FL 33231		

Certificate of Status Desired: No

Date

FILED Jul 25, 2018 Secretary of State CR6751372254

TRUSTEE