2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: FLORIDA SOCIETY OF PLASTIC SURGEONS, INC.

Current Principal Place of Business:

1000 RIVERSIDE AVENUE
SUITE 240
JACKSONVILLE, FL 32204

Current Mailing Address:

6300 SAGEWOOD DRIVE
SUITE H255
PARK CITY, UT 84098 US

FEI Number: 59-6146682

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER
1000 RIVERSIDE AVENUE
SUITE 240
JACKSONVLLE, FL 32204 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: CHRISTOPHER L. NULAND 01/07/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	CONSTANCE, CHRISTOPHER
Address	2525 HARBOR BLVD, STE 310
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	FIALA, THOMAS DR.
Address	220 E. CENTRAL PKWY., #2020
City-State-Zip:	ALTAMONTE SPRINGS FL 32701-3400

Title	TREASURER
Name	MAST, BRUCE A
Address	PO BOX 100138
City-State-Zip:	GAINESVILLE FL 32610

Title	DIRECTOR
Name	RUSSELL, SUSAN L
Address	6300 SAGEWOOD DRIVE SUITE H255
City-State-Zip:	PARK CITY UT 84098

Title	VP
Name	CASTELLON, MAURICIO
Address	1499 S HARBOR CITY BLVD, #301
City-State-Zip:	MELBOURNE FL 32901

Title	SECRETARY
Name	SHULMAN, ALISSA
Address	1950 ARLINGTON STREET SUITE 112
City-State-Zip:	SARASOTA FL 34239

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: SUSAN RUSSELL EXECUTIVE DIRECTOR 01/07/2017

Electronic Signature of Signing Officer/Director Detail — Date