2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2014
Secretary of State
CC6682814698

DOCUMENT# 738296

Entity Name: FLORIDA SOCIETY OF PLASTIC SURGEONS, INC.

Current Principal Place of Business:

5911 HICKS RD
JACKSONVILLE, FL 32244

Current Mailing Address:

P.O. BOX 441745
JACKSONVILLE, FL 32222

FEI Number: 59-6146682

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, WANDA L
5911 HICKS RD
JACKSONVLLE, FL 32244 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	GRAHAM, BRAUN HMD DR.
Address	2255 SOUTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34239

Title	SECRETARY, DIRECTOR
Name	DRESS, CHRISTOPHER M DR.
Address	11 RACE TRACK ROAD, STE E4
City-State-Zip:	FT WALTON BEACH FL 32547

Title	M
Name	LYVERS, SHANNON M
Address	5911 HICKS RD
City-State-Zip:	JACKSONVILLE FL 32244

Title	VP, DIRECTOR
Name	ZAYDON, JR. MD, THOMAS J. DR.
Address	3661 S. MIAMI AVE., SUITE 509
City-State-Zip:	MIAMI FL 33133-4206

Title	M
Name	CALLAHAN, WANDA L
Address	5911 HICKS RD
City-State-Zip:	JACKSONVILLE FL 32244

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

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: SHANNON M LYVERS MANAGING DIRECTOR 04/16/2014

Electronic Signature of Signing Officer/Director Detail — Date