

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738296

Entity Name: FLORIDA SOCIETY OF PLASTIC SURGEONS, INC.**Current Principal Place of Business:**4427 HERSCHEL STREET
JACKSONVILLE, FL 32210**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
4427 HERSCHEL STREET
JACKSONVILLE, FL 32210 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

01/21/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HALPERN, DAVID
Address	1202 S. FREMONT AVENUE
City-State-Zip:	TAMPA FL 33606

Title	IMMEDIATE PAST PRESIDENT
Name	PETERS, KENDALL
Address	801 N. ORANGE AVENUE SUITE 815
City-State-Zip:	ORLANDO FL 34801

Title	SECRETARY
Name	ROSENTHAL, ANDREW
Address	9868 S. STATE ROAD 7
City-State-Zip:	BOYNTON BEACH FL 33472

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

Title	PRESIDENT-ELECT
Name	POLO, MAX
Address	221 ARAGON AVENUE
City-State-Zip:	MIAMI FL 33132

Title	TREASURER
Name	PENA, MANUEL
Address	6370 PINE RIDGE ROAD
City-State-Zip:	NAPLES FL 34119

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: DAVID HALPERN

PRESIDENT

01/21/2022

Electronic Signature of Signing Officer/Director Detail

Date