

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738296

Entity Name: FLORIDA SOCIETY OF PLASTIC SURGEONS, INC.

FILED
Mar 17, 2020
Secretary of State
1250632135CC

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
JACKSONVILLE, 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

03/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT
Name MAST, BRUCE
Address P.O. 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 PRESIDENT
Name SHULMAN, ALISSA
Address 1950 ARLINGTON STREET
SUITE 112
City-State-Zip: SARASOTA FL 34236

Title TREASURER
Name HALPERN, DAVID
Address 120 S. FREMONT AVENUE
City-State-Zip: TAMPA FL 33606

Title VP
Name PETERS, KENDALL
Address 801 N. ORANGE AVENUE
SUITE 815
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name POLO, MAX
Address 221 ARAGON AVENUE
City-State-Zip: CORAL GABLES FL 33134

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

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date