

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007265

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC7189956460**

**Entity Name:** GREATER JACKSONVILLE SOCIETY OF PLASTIC SURGEONS, INC.

**Current Principal Place of Business:**

MAYO CLINIC-JACKSONVILLE  
DEPARTMENT OF PLASTIC SURGERY 4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

MAYO CLINIC-JACKSONVILLE  
DEPARTMENT OF PLASTIC SURGERY 4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224 US

**FEI Number: 01-0622095**

**Certificate of Status Desired: No**

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

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVENUE  
SUITE 200  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            WALDORF, JAMES DR.  
Address        MAYO CLINIC-JACKSONVILLE  
                 DEPARTMENT OF PLASTIC SURGERY  
                 4500 SAN PABLO ROAD  
City-State-Zip: JACKSONVILLE FL 32224

Title            TREA  
Name            DOOLABH, VAISHALI DR.  
Address        MAYO CLINIC-JACKSONVILLE  
                 DEPARTMENT OF PLASTIC SURGERY  
                 4500 SAN PABLO ROAD  
City-State-Zip: JACKSONVILLE FL 32224

*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: DR. JAMES C. WALDORF**

**PRESIDENT**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date