2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2017
Secretary of State
CC3984546736

DOCUMENT# N07345

Entity Name: BROWARD COUNTY SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS, INC.

Current Principal Place of Business:

5101 N.W. 21ST AVENUE
SUITE 450
FORT LAUDERDALE, FL 33309

Current Mailing Address:

5101 N.W. 21ST AVENUE
SUITE 450
FORT LAUDERDALE, FL 33309 US

FEI Number: 65-0715269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERSON, CYNTHIA S.
5101 NW 21ST AVENUE
SUITE 450
FORT LAUDERDALE, FL 33309 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	DIRECTOR
Name	SHATKIN, BLANE MD
Address	1604 TOWN CENTER BLVD #C
City-State-Zip:	WESTON FL 33326

Title	SECRETARY
Name	RUSSEL, PALMER MD
Address	2699 STIRLING ROAD #B101
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	VP
Name	ZELMAN, DONALD M.D.
Address	7140 SW 7TH STREET
City-State-Zip:	PLANTATION FL 33317

Title	PRESIDENT
Name	NEWMAN, MARTIN M.D.
Address	2950 CLEVELAND CLINIC BLVD
City-State-Zip:	WESTON FL 33331

Title	TREASURER
Name	BARNAVON, YOAV MD
Address	1201 N. 35TH AVENUE SUITE 200
City-State-Zip:	HOLLYWOOD FL 33021

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: MARTIN NEWMAN, M.D. PRESIDENT 04/28/2017

Electronic Signature of Signing Officer/Director Detail — Date