

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07345

Entity Name: BROWARD COUNTY SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS, INC.**FILED**
Apr 30, 2015
Secretary of State
CC8703614723**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 PD
Name SHATKIN, BLANE MD
Address 1604 TOWN CENTER BLVD #C
City-State-Zip: WESTON FL 33326Title SD
Name TAYLOR, LEIGHTON M.D.
Address 1604 TOWN CENTER BLVD #C
City-State-Zip: WESTON FL 33326Title VP
Name NEWMAN, MARTIN M.D.
Address 2950 CLEVELAND CLINIC BLVD
City-State-Zip: WESTON FL 33331Title D
Name RUSSEL, PALMER MD
Address 2699 STIRLING ROAD #B101
City-State-Zip: FORT LAUDERDALE FL 33312Title D
Name BARNAVON, YOAV MD
Address 1131 N 35TH AVE #202
City-State-Zip: HOLLYWOOD FL 33021Title D
Name WEISER, JONATHAN MD
Address 3449 JOHNSON ST.
City-State-Zip: HOLLYWOOD FL 33326Title TREASURER
Name ZELMAN, DONALD M.D.
Address 7140 SW 7TH STREET
City-State-Zip: PLANTATION FL 33317

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: BLANE SHATKIN, M.D.**PRESIDENT****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date