2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2019
Secretary of State
4204975877CC

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Entity Name: FLORIDA SOCIETY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

Current Principal Place of Business:

2400 ARDMORE BLVD
SUITE 302
PITTSBURGH, PA 15221

Current Mailing Address:

2400 ARDMORE BLVD
SUITE 302
PITTSBURGH, PA 15221

FEI Number: 59-6201213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRENDIVILLE, STEPHEN MD
9407 CYPRESS LAKE DRIVE
UNIT A
FT MYERS, FL 33919 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	IPP	Title	ED
Name	CASTELLANO, DOMINIC MD DR.	Name	WAGNER, ROBIN L
Address	5105 N. ARMENIA AVE	Address	2400 ARDMORE BLVD., STE 302
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	PITTSBURGH PA 15221
Title	PR	Title	ST
Name	WRIGHT, HARRY MD DR.	Name	GRUNEBAUM, LISA MD DR.
Address	5911 N. HONORE AVE SUITE 120	Address	1150 NW 14TH ST SUITE 150
City-State-Zip:	SARASOTA FL 34243	City-State-Zip:	MIAMI FL 33136

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: ROBIN WAGNER EXECUTIVE DIRECTOR 04/03/2019

Electronic Signature of Signing Officer/Director Detail — Date