





Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00*
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

| 1. Entity ID Number 000002383 | | 2. Exact name of the Corporation UNIVERSITY PLASTIC SURGEONS, INC. | | | | | | | | | | | | |
|---|--------------------|--|--|---|---------------------|------------------|--------------|-----------|-------------|------------|----------|--|--|--|
| 3. Principal Office Address 120 DUDLEY ST SUITE 201 | | | City PROVIDENCE | State RI | Zip 02905 | | | | | | | | | |
| 4. NAICS Code 62111 | | 6. Brief description of the character of business conducted in Rhode Island MEDICINE | | | | | | | | | | | | |
| 5. State of Incorporation RI | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name JACK BEVINO | | | Vice-President Name | | | | | | | | | | | |
| Street Address 12551 WALDEN RUN DR | | | Street Address | | | | | | | | | | | |
| City FORT MYERS | State FL | Zip 33913 | City | State | Zip | | | | | | | | | |
| Secretary Name | | | Treasurer Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name | | | Director Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| Director Name | | | Director Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 9. Shares Authorized | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">2000</td> <td style="text-align:center">STK</td> <td style="text-align:center">0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 2000 | STK | 0 | | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | |
| 2000 | STK | 0 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. | | | | | | | | | | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | | | | | | | | | | |
| Name of Authorized Representative JACK R BEVINO | | | | Date 2-8-18 | | | | | | | | | | |
| Signature of Authorized Representative  | | | | FILED  FEB 27 2018 | | | | | | | | | | |
| | | | | | | | | | | | | | | |