

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733901 (3)
1. Corporation Name
THE FLORIDA SOCIETY OF DERMATOLOGY, INC.

Principal Place of Business Mailing Address
**2589 PARK ST.
JACKSONVILLE FL 32204** **2589 PARK ST.
JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/24/1975** 3a. Date of Last Report **01/28/1994**
4. FEI Number **59-1747553** Applied For ☐
Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75** Supplemental Fee Not Required
8. This corporation has capacity for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**HARVEY, ROBERT J.
2589 PARK ST.
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DST**
NAME **FENSKE, NEIL M**
STREET ADDRESS **USF C.O.M. BOX 19, DIV OF DERM**
CITY- ST- ZIP **TAMPA FL**

TITLE **DV**
NAME **ROSENBERG, STEVEN M**
STREET ADDRESS **470 COLUMBIA DR., STE. 102-A**
CITY- ST- ZIP **WEST PALM BEACH FL**

TITLE **DP**
NAME **KOWALCZYK, ALEXANDER MD**
STREET ADDRESS **6061 NE 14TH AVE**
CITY- ST- ZIP **FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE **DELETE** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE **DST** ☐ Change ☒ Addition
4.2 NAME **Zack, Lisa, M.D.**
4.3 STREET ADDRESS **801 Anchor Rode Drive**
4.4 CITY- ST- ZIP **Naples, FL 33940**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, a change, or on my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil A. Fenske, M.D.

Date

4-28-95

Signature of Secretary of State