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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **733901** **(3)**

1. Corporation Name

THE FLORIDA SOCIETY OF DERMATOLOGY, INC.

Principal Place of Business	Mailing Address
335 BEARD ST. TALLAHASSEE FL 32303	335 BEARD ST. TALLAHASSEE FL 32303-6227

3. Date Incorporated or Qualified: **09/24/1975**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOHRENGEL, PETER
335 BEARD ST.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Bodkin, Lawrance
82 Street Address (P.O. Box Number is Not Acceptable): 335 Beard Street
83
84 City: Tallahassee **FL** 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: L. E. Bodkin Jr. 4-29-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FENSKE, NEIL M USF C.O.M. BOX 19, DIV OF DERM TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Fenske, Neil M 12901 Bruce B Downs Blvd, Box 19 Tampa, FL 33612 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROSENBERG, STEVEN M 470 COLUMBIA DR., STE. 102-A WEST PALM BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PP 300002168953--1 -05/02/97--01016--015 *****61.25 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ZACK, LISA M.D. 801 ANCHOR RODE DRIVE NAPLES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P *****61.25 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DUNCAN, CHRISTOPHER W M.D. 1033 DRANE FIELD RD. LAKELAND FL 33802	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UNIS, MARK M.D. 1830 NE 47TH ST. STE 300 FT LAUDERDALE FL 33308	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	ST D. Alan 4/30/97 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOBER, CLIFFORD W M.D. 800 N CENTRAL AVE. KISSIMMEE FL 34741	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Cognetta, Armand B. 1701 Riggins Road Tallahassee, FL 32308 ☐ Change ☒ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed or added by an attachment with an address.

SIGNATURE: X [signature] Lisa Zack, M.D. 4/21/97 941-263-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #