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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 09/24/1975

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BODKIN, LAWRENCE
335 BEARD ST.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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

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: Robert C. Harris 2/2/98
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			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 29 TAMPA FL 33612	☒ DELETE		D Neil S. Heskel, MD 865 37th Place Vero Beach, FL	☐ Change	☒ Addition
PP 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 D Lisa Zack MD 801 Anchor Rode Dr Naples, FL	☐ Change	☒ Addition
P 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 D Mark R. Kaiser, MD 301 E Osceola St Stuart, FL	☐ Change	☒ Addition
V 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 P	☒ Change	☐ Addition
ST UNIS, MARK M.D. 1930 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 VD	☒ Change	☐ Addition
D COGNETTA, ARMAND B 1701 RIGGINS ROAD TALLAHASSEE FL 32308	☐ DELETE		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ST 400002426484 -02/10/98--01037--012 ***61.25	☒ Change	☐ Addition

CR2E037 (10/97)

14. I 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 on an attachment with an address.

SIGNATURE: W. Christopher Duncan W. Christopher Duncan 1-15-98 941-647-8013