2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 08:00 AM
Secretary of State

DOCUMENT # 733901

1. Entity Name
THE FLORIDA SOCIETY OF DERMATOLOGY, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1747553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS ROBERT C 335 BEARD ST. TALLAHASSEE FL 32303 US	Name: SKROB ROBERT Street Address (P.O. Box Number is Not Acceptable): 335 BEARD ST. City: TALLAHASSEE **FL** Zip Code: 32303

8. 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 **ROBERT SKROB** **04/06/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NESTER MARK M.D.		NAME		
STREET ADDRESS	2925 AVENTURA BLVD., SUITE 205		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		CITY-ST-ZIP		
TITLE	TS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARVEY DAVID M.D.		NAME		
STREET ADDRESS	250 A1A NORTH, SUITE 5		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	DUNCAN CHRISTOPHER WM.D.		NAME	PERNICIARO CHARLES M.D.	
STREET ADDRESS	1033 DRANE FIELD RD.		STREET ADDRESS	4500 SAN PABLO ROAD SOUTH	
CITY-ST-ZIP	LAKELAND FL 33802		CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	KAISER MARK RMD		NAME	COGNETTA ARMAND BM.D.	
STREET ADDRESS	301 E OSCEOLA ST		STREET ADDRESS	1707 RIGGINS RD.	
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	ROSENBERG STEVEN M.D.		NAME	ROSENBERG STEVEN M.D.	
STREET ADDRESS	470 COLUMBIA DR., SUITE 102-A		STREET ADDRESS	470 COLUMBIA DR., SUITE 102-A	
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	GOLOMB ROGER M.D.		NAME	KAISER MARK RM.D.	
STREET ADDRESS	1122 DRUID ROAD		STREET ADDRESS	301 EAST OSCEOLA STREET	
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	STUART FL	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.