2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 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

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

DO NOT WRITE IN THIS SPACE

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

SKROB ROBERT
335 BEARD ST.
TALLAHASSEE FL
32303 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 04/10/2001
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	D NESTER MARK M.D. 2925 AVENTURA BLVD., SUITE 205 AVENTURA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS HARVEY DAVID M.D. 250 A1A NORTH, SUITE 5 PONTE VEDRA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARVEY DAVID M.D. 250 A1A NORTH, SUITE 5 PONTE VEDRA BEACH FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERNICIARO CHARLES M.D. 4500 SAN PABLO ROAD SOUTH JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RESNIK BARRY M.D. 7800 SW 87TH AVE., SUITE B-200 MIAMI FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COGNETTA ARMAND BM.D. 1707 RIGGINS RD. TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COGNETTA ARMAND BM.D. 1707 RIGGINS RD. TALLAHASSEE FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENBERG STEVEN M.D. 470 COLUMBIA DR., SUITE 102-A WEST PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAISER MARK RM.D. 301 EAST OSCEOLA STREET STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAISER MARK RM.D. 301 EAST OSCEOLA STREET STUART FL	☒ Change ☐ Addition

CR2E037 (11/00)

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.

SIGNATURE: Barry Resnik, M.D. TD 04/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #