2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# 733901

Entity Name: FLORIDA SOCIETY OF DERMATOLOGY AND DERMATOLOGIC SURGERY, INC.

Current Principal Place of Business:

3375 CAPITAL CIRCLE, N.E., SUITE 4
TALLAHASSEE, FL 32308

New Principal Place of Business:

2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

Current Mailing Address:

3375 CAPITAL CIRCLE, N.E., SUITE 4
TALLAHASSEE, FL 32308

New Mailing Address:

2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

FEI Number: 59-1747553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BODKIN, LARRY
BODKIN MANAGEMENT AND CONSULTING INC.
3375 CAPITAL CIRCLE, N.E., SUITE 4
TALLAHASSEE, FL 32308

Name and Address of New Registered Agent:

BODKIN, JR, LARRY E MS, CAE
BODKIN MANAGEMENT AND CONSULTING INC.
2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

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: LARRY E BODKIN JR 04/06/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: IPP ( ) Delete
Name: HARVEY, DAVID T M.D.
Address: 250 A1A NORTH, STE. 5
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DP ( ) Delete
Name: NESTOR, MARK S M.D.
Address: 2925 AVENTURA BLVD., STE. 205
City-St-Zip: AVENTURA, FL 33180

Title: STD ( ) Delete
Name: EICHLER, CRAIG J MD
Address: 6101 PIPE RIDGE RD
City-St-Zip: NAPLES, FL 34119

Title: PP ( ) Delete
Name: COGNETTA, ARMAND B M.D.
Address: 1707 RIGGINS RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD ( ) Delete
Name: FERNICIARD, CHARLES MD
Address: 804 3RD ST STEN A
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change ( ) Addition
Name: HARVEY, DAVID T M.D.
Address: 250 A1A NORTH, SUITE 5
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: IPPD (X) Change ( ) Addition
Name: NESTOR, MARK S M.D.
Address: 2925 AVENTURA BOULEVARD, SUITE 205
City-St-Zip: AVENTURA, FL 33180

Title: PED (X) Change ( ) Addition
Name: EICHLER, CRAIG J M.D.
Address: 6101 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34119

Title: STD (X) Change ( ) Addition
Name: BEERS, BETSY M.D.
Address: 350 NW 76TH DRIVE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: PD (X) Change ( ) Addition
Name: PERNICIARO, CHARLES M.D.
Address: 804 3RD STREET, SUITE A
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VPD ( ) Change (X) Addition
Name: MEIRSON, DAN H M.D.
Address: 1 WEST SAMPLE ROAD, SUITE 302
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES V. PERNICIARO, M.D. PD 04/06/2004
Electronic Signature of Signing Officer or Director Date