2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
06 MAY -1 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733901

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

Principal Place of Business	Mailing Address
2563 CAPITAL MEDICAL BOULEVARD TALLAHASSEE, FL 32308	2563 CAPITAL MEDICAL BOULEVARD TALLAHASSEE, FL 32308

04282006 Chg-NP CR2E037 (4/06)

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
BODKIN, JR, LARRY E MS, CAE BODKIN MANAGEMENT AND CONSULTING INC. 2563 CAPITAL MEDICAL BOULEVARD TALLAHASSEE, FL 32308	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE L E Bodkin 4-30-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD HARVEY, DAVID T M.D. 250 A1A NORTH, SUITE 5 PONTE VEDRA BEACH, FL 32082	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED Robert S. Kirsner 1400 NW 12th Avenue Miami, FL 33136 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IPPD NESTOR, MARK S M.D. 2925 AVENTURA BOULEVARD, SUITE 205 AVENTURA, FL 33180	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED EICHLER, CRAIG J M.D. 6101 PINE RIDGE ROAD NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IPPD ☑ Change ☐ Addition 700075092797 05/23/06--01007--011 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BEERS, BETSY M.D. 350 NW 76TH DRIVE, SUITE A GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERNICIARO, CHARLES M.D. 804 3RD STREET, SUITE A NEPTUNE BEACH, FL 32266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MEIRSON, DAN H M.D. 1 WEST SAMPLE ROAD, SUITE 302 POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: L E Bodkin 4-30-06 850-531-8373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #