2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90171 026 ****61.25

DOCUMENT # 733901

1. Entity Name

FLORIDA SOCIETY OF DERMATOLOGY AND DERMATOLOGIC SURGERY, INC.

Principal Place of Business	Mailing Address
3375 CAPITAL CIRCLE. N.E., SUITE 4 TALLAHASSEE FL 32308	3375 CAPITAL CIRCLE. N.E., SUITE 4 TALLAHASSEE FL 32308

☐ CHECK HERE IF MAKING CHANGES

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, LARRY BODKIN MANAGEMENT AND CONSULTING INC. 3375 CAPITAL CIRCLE, N.E., SUITE 4 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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	~~PD~~ HARVEY, DAVID T M.D. 250 A1A NORTH, STE. 5 PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IMMEDIATE PAST PRESIDENT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ NESTOR, MARK S M.D. 2925 AVENTURA BLVD., STE. 205 AVENTURA FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / DIRECTOR	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RESNIK, BARRY I M.D. 7800 S.W. 87TH AVE., STE. B-200 MIAMI FL 33173	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CRAIG J. EICHLER, M.D. 6101 PINE RIDGE ROAD NAPLES, FL 34119	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~IPP~~ COGNETTA, ARMAND B M.D. 1707 RIGGINS RD. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAST PRESIDENT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP KAISER, MARK R M.D. 301 EAST OSCEOLA ST. STUART FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHARLES PERNICIARO, M.D. 804 3rd ST., STE. A NEPTUNE BEACH, FL 32266	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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.

850-531-8373

SIGNATURE: SIGNATURE REQUIRED MARK S. NESTOR, MD, Ph.D. 4-1-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #