2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# N05000004058

Entity Name: MIAMI SOCIETY FOR DERMATOLOGY & CUTANEOUS SURGERY, INC.

Current Principal Place of Business:

333 ARTHUR GODFREY RD., STE. 302
MIAMI BEACH, FL 33140

New Principal Place of Business:

7800 SW 87TH AVE
SUITE C-300
MIAMI, FL 33173

Current Mailing Address:

333 ARTHUR GODFREY RD., STE. 302
MIAMI BEACH, FL 33140

New Mailing Address:

7800 SW 87TH AVE
SUITE C-300
MIAMI, FL 33173

FEI Number: 20-2711931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GROSS, EDWARD MD
333 ARTHUR GODFREY RD., STE. 302
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

CROWELL, JUDITH MD
7800 SW 87TH AVE
SUITE C-300
MIAMI, FL 33173 US

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: JUDITH CROWELL, MD 07/03/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GROSS, EDWARD MD
Address: 333 ARTHUR GODFREY RD., STE. 302
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: CROWELL, JUDITH MD
Address: 333 ARTHUR GODFREY RD., STE. 302
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: GOLOMB, CYNTHIA MD
Address: 333 ARTHUR GODFREY RD., STE. 302
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CROWELL, JUDITH MD
Address: 7800 SW 87TH AVE
City-St-Zip: MIAMI, FL 33173

Title: D (X) Change ( ) Addition
Name: GOLOMB, CYNTHIA MD
Address: 7800 SW 87TH AVE
City-St-Zip: MIAMI, FL 33173

Title: D (X) Change ( ) Addition
Name: COHEN, MARK MD
Address: 7800 SW 87TH AVE
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JUDITH CROWELL, MD D 07/03/2006
Electronic Signature of Signing Officer or Director Date