2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2013
Secretary of State
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Entity Name: FLORIDA SOCIETY OF DERMATOLOGY AND DERMATOLOGIC SURGERY, INC.

Current Principal Place of Business:

11891 MAGNOLIA FALLS DRIVE
JACKSONVILLE, FL 32258

Current Mailing Address:

11891 MAGNOLIA FALLS DRIVE
JACKSONVILLE, FL 32258

FEI Number: 59-1747553

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAUMGARDNER, PAULA H
11891 MAGNOLIA FALLS DRIVE
JACKSONVILLE, FL 32258 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	LIFSHITZ, OREN H MD	Name	LOBER, CLIFFORD W MD, JD
Address	10887 MILITARY TRAIL SUITE 8	Address	505 WEST OAK STREET #201
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	KISSIMMEE FL 34741

Title	S/T
Name	NEMETH, ALBERT J MD
Address	3165 N MCMULLEN BOOTH ROAD C-2
City-State-Zip:	CLEARWATER FL 33761

I hereby 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 all other like empowered.

SIGNATURE: OREN LIFSHITZ, MD PRESIDENT 04/30/2013

Electronic Signature of Signing Officer/Director Detail — Date