2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2023
Secretary of State
8738158810CC

DOCUMENT# 733901

Entity Name: FLORIDA ACADEMY OF DERMATOLOGY , INC.

Current Principal Place of Business:

6134 POPLAR BLUFF CIR.
SUITE 101
PEACHTREE CORNERS, GA 30092

Current Mailing Address:

6134 POPLAR BLUFF CIR.
SUITE 101
PEACHTREE CORNERS, GA 30092 US

FEI Number: 59-1747553

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER
100 RIVERSIDE AVE.
SUITE 240
JACKSONVILLE, FL 32204 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: CHRISTOPHER NULAND 01/26/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	KAUFMAN, JOELY MD	Name	JAIN, SIMA MD
Address	6134 POPLAR BLUFF CIR. SUITE 101	Address	6134 POPLAR BLUFF CIR. SUITE 101
City-State-Zip:	PEACHTREE CORNERS GA 30092	City-State-Zip:	PEACHTREE CORNERS GA 30092
Title	SECRETARY	Title	EXECUTIVE DIRECTOR
Name	SCHLAM, EVAN MD	Name	MORRISON, TARA
Address	6134 POPLAR BLUFF CIR. SUITE 101	Address	6134 POPLAR BLUFF CIR
City-State-Zip:	PEACHTREE CORNERS GA 30092	City-State-Zip:	NORCROSS FL 30092

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: TARA MORRISON EXECUTIVE DIRECTOR 01/26/2023

Electronic Signature of Signing Officer/Director Detail — Date