2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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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
Name	CRONIN JR, TERRENCE A M.D.
Address	1399 S HARBOR CITY BLVD
City-State-Zip:	MELBOURNE FL 32901

Title	VP
Name	PATEL, NISHIT MD
Address	12901 BRUCE B DOWNS BLVD MDC79
City-State-Zip:	TAMPA FL 33612

Title	TREASURER
Name	REED, OLIVER MD
Address	12900 CORTEZ BLVD SUITE 205
City-State-Zip:	BROOKSVILLE FL 34613

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: OLIVER REED, MD S/T 01/09/2017

Electronic Signature of Signing Officer/Director Detail — Date