

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733901

Entity Name: FLORIDA SOCIETY OF DERMATOLOGY AND DERMATOLOGIC SURGERY, INC.**FILED**
Jan 15, 2020
Secretary of State
3822368789CC**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: No****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

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	KNIGHT, J MATTHEW MD
Address	6134 POPLAR BLUFF CIR. SUITE 101
City-State-Zip:	PEACHTREE CORNERS GA 30092

Title	VP
Name	GLICK, BRAD M DO, MPH
Address	6134 POPLAR BLUFF CIR. SUITE 101
City-State-Zip:	PEACHTREE CORNERS GA 30092

Title	TREASURER
Name	YAG-HOWARD, CINDI M MD
Address	6134 POPLAR BLUFF CIR. SUITE 101
City-State-Zip:	PEACHTREE CORNERS GA 30092

Title	EXECUTIVE DIRECTOR
Name	MORRISON, TARA
Address	6134 POPLAR BLUFF CIR
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**

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date