

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

01/16/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name FLANAGAN, SHAWNA MD
Address 6134 POPLAR BLUFF CIR.
SUITE 101
City-State-Zip: PEACHTREE CORNERS GA 30092

Title VP
Name MINER, ANDREW MD
Address 6134 POPLAR BLUFF CIR.
SUITE 101
City-State-Zip: PEACHTREE CORNERS GA 30092

Title PRESIDENT
Name SCHLAM, EVAN 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

PRESIDENT

01/16/2025

Electronic Signature of Signing Officer/Director Detail

Date