

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004058

**Entity Name:** MIAMI SOCIETY FOR DERMATOLOGY & CUTANEOUS SURGERY, INC.**FILED**  
**May 05, 2018**  
**Secretary of State**  
**CC1957613357****Current Principal Place of Business:**1600 NW 10TH AVE, RMSB 2023A  
LOCATOR R-250  
MIAMI, FL 33136**Current Mailing Address:**1600 NW 10TH AVE, RMSB 2023A  
LOCATOR R-250  
MIAMI, FL 33136 US**FEI Number: 20-2711931****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MORRISON, BRIAN DR.  
1600 NW 10TH AVE  
RMSB, 2023A  
MIAMI, FL 33136 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: BRIAN W MORRISON****05/05/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	POMPA, ADRIANE DR
Address	6705 SW 57TH AVE SUITE #314
City-State-Zip:	MIAMI FL 33143

Title	VP
Name	MORRISON, BRAIN DR.
Address	1600 NW 10TH AVE RMSB, 2023A
City-State-Zip:	MIAMI FL 33136

Title	TREASURER
Name	NICHOLS, ANNA DR.
Address	1600 NW 10TH AVE RMSB, 2023A
City-State-Zip:	MIAMI FL 33136

Title	SECRETARY
Name	CHEN, LUCY DR.
Address	1111 KANE CONCOURSE SUITE 100
City-State-Zip:	BAL HARBOR ISLANDS FL 33154

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: ANNA NICHOLS, MD, PHD****TREASURER****05/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date