FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:35

DOCUMENT # 725907 (0)

1. Corporation Name

AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY, INC.

Principal Place of Business	Mailing Address
900 N. MEACHAM RD. SCHAUMBURG IL 60173	900 N. MEACHAM RD. SCHAUMBURG IL 60173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1973
3a. Date of Last Report: 02/22/1994
4. FEI Number: 50-1434892 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RESNIK, SORREL S.
9065 SW 87 AVE.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, LAWRENCE E	1.2 NAME	SAME
STREET ADDRESS	453 WILLIAMSBURG LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070-2593	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☒ Addition
NAME	MCBURNEY, ELIZABETH I MD	2.2 NAME	President JUNE K. ROBINSON, M.D.
STREET ADDRESS	1538 FRONT ST.	2.3 STREET ADDRESS	303 E. Chicago Avenue
CITY-ST-ZIP	SLIDELL LA	2.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	ZITELLI, JOHN, A	3.2 NAME	Secretary HAROLD J. BRODY, M.C.
STREET ADDRESS	3471 FIFTH AVE	3.3 STREET ADDRESS	478 Peachtree Street
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	Albuquerque, NM 87131
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	HANKE, MD C WILLIAM	4.2 NAME	Vice President RONALD G. WHEELAND M.D.
STREET ADDRESS	4461 SYLVAN RD	4.3 STREET ADDRESS	2701 Frontier N.E.
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	Albuquerque, N.M. 87131
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	COLEMAN, WILLIAM P, III	5.2 NAME	Treasurer WILLIAM P. COLEMAN III
STREET ADDRESS	4425 CONLIN ST	5.3 STREET ADDRESS	4425 Conlin Street
CITY-ST-ZIP	METAIRIE LA	5.4 CITY-ST-ZIP	Metairie, LA 70006
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	GLOGAU, RICHARD G.	6.2 NAME	President-Elect C.WILLIAM HANKE, M.D.
STREET ADDRESS	350 PARNASSUS AVENUE	6.3 STREET ADDRESS	550 N. University Blvd Suite 3240
CITY-ST-ZIP	SAN FRANCISCO CA	6.4 CITY-ST-ZIP	Iowa City, IA 52242

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption listed in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lawrence B. Rosenthal Executive Director 1/19/95 (708) 330-0230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074843