

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 725907 (0)  
1. Corporation Name  
AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY, INC.Principal Place of Business Mailing Address  
830 N. MEACHAM RD.  
SCHAUMBURG IL 60173 830 N. MEACHAM RD.  
SCHAUMBURG IL 60173-4918

3. Date Incorporated or Qualified 03/26/1973 3a. Date of Last Report 04/09/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 50-1434892 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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## 9. Name and Address of Current Registered Agent

## 10. Name and Address of Registered Agent

RESNIK, SORREL S.  
9085 SW 87 AVE.  
MIAMI FL 33178

81 Name Sorrel S. Resnik, MD	82 Street Address (P.O. Box Number is Not Acceptable) 7800 S.W. 87th Avenue	83 Suite B-200	84 City Miami, FL	85 Zip Code 33173
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERYL K NORDSTEDT 4019 W GRACE ST CHICAGO IL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	M Cheryl K. Nordstedt 4019 W. Grace St. Chicago, IL 60641 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH I MCBURNEY 1051 GAUSE BLVD. SLIDELL LA <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Rhoda S. Narins, MD 222 Westchester Avenue White Plains, NY 10604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRODY, HAROLD J MC 478 PEACHTREE STREET ALBUQUERQUE NM <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D John W. Skouge, MD 1302 Bellona Avenue Baltimore, MD 21093 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUANE C WHITAKER 200 HAWKINS DRIVE IOWA CITY IA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P Duane C. Whitaker, MD 200 Hawkins Drive Iowa City, IA 52242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, WILLIAM P, III 4425 CONLIN ST METAIRIE LA <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T Randall K. Roenigk, MD Mayo Clinic, Dept. of Derm. Rochester, MN 55905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P C WILLIAM HANKE 550 N UNIVERSITY BLVD., SUITE 3240 INDIANAPOLIS IN <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VP Ronald G. Wheeland, MD 8406 Ruggles Court Fair Oaks, CA 95628 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated 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: CHERYL K. NORDSTEDT  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/1/97 847/330-9830  
Date Daytime Phone # 0076506

CP2E037 (9/96)