FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

(0)

	MENT # 725907					
AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY, INC.						
Principal Place of Business Mailing Address				r regini seene viden enina denin debit kabu enem enem enem enem enem enem enem etem seen		
830 N. MEACHAM RD. 830 N. MEACHAM RD.					3. Date Incorporated or Qualified	
SCHAUMBURG	IL 60173	SCHAUMBURG IL 60173			03/26/1973	
					4. FEI Number Applied For	
2. Principal P	Place of Business	2a. Mailing Address			50-1434892 Not Applicable	
21 26		⊢			5. Certificate of Status Desired See Regulred \$8.75 Additional	
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
		27			Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	28 Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
	-		81	Name	NG CONTRACTOR OF THE CONTRACTO	
RESNIK MD, SORREL S			82	Street	et Address (P.O. Box Number is Not Acceptable)	
7800 SW 87TH AVE			83		<u> </u>	
STE #B			63			
MIAMI FL 33173			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statut	es, the above	-named		
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida, Such change was a tions of, Section 617,0503, Fig	authorized by orida Statutes	the con	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered agent		 	nt signature	ure required when reinstating) DATE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE NAME	CHERYL K NORDSTEDT	C) ordere	1.1 TITLE 1.2 NAME		Englange Dixention	
STREET ADDRESS	4019 W GRACE ST	•	1.3 STREET	ADDRESS		
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-S		Ĭ	
TITLE	D	XX DELETE	2.1 TITLE		D ☐ Change ★★Addition	
NAME	NARINS MD, RHODA S		2.2 NAME		Timothy M. Johnson, MD	
STREET ADDRESS	222 WESTCHESTER AVE		2.3 STREET			
CITY-ST-ZIP	WHITE PLAINS NY		2.4 CITY-S	T-ZIP	Ann Arbor, MI 48109	
TITLE	D	XX DEFELE	3.1 TITLE		Change XXAddition	
NAME	SKOUGE MD, JOHN W		3.2 NAME		Leonard M. Dzubow, MD	
STREET ADDRESS	1302 BELLONA AVE BALTIMORE MD		3.3 STREET	ADDRES\$	β400 Spruce St Philadelphia, PA 19103	
CITY-ST-ZIP TITLE	DALTMORE MD	DELETE	3.4. CITY-S 4.1 TITLE	T-ZIP	P 22 Change Addition	
NAME	WHITAKER MD, DUANE C	عام المحادث	4.2 NAME		Ronald G. Wheeland, MD	
STREET ADDRESS	200 HAWKINS DRIVE				8406 Ruggles Court	
CITY-ST-ZIP	IOWA CITY IA				Fair Oaks, CA 95628	
TITLE	1	DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	ROENIGK MD, RANDALL K		5.2 NAME			
STREET ADDRESS	MAYO CLINIC, DEPT OF DERM	A	5.3 STREET	ADDRESS	\$	
CITY-ST-ZIP	YROCHESTER MN		5.4 CITY-ST	r-zip		
TITLE 🐧	WP.	DELETE	6.1 TITLE		VP xx Change ☐ Addition	
NAME	WHEELAND MD, RONALD G		6.2 NAME		William P. Coleman, III, MD	
STREET ADDRESS	8406 RUGGLES COURT		6,3 STREET	ADDRESS	4425 Conlin Street	

14. I 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:

FILED

Feb 19 1998 8:00am

Secretary of State

847/550-0980