


FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90070 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 725907					
1. Corporation Name AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY, INC.					
Principal Place of Business 930 N. MEACHAM RD. SCHAUMBURG IL 60173			Mailing Address 930 N. MEACHAM RD. SCHAUMBURG IL 60173		



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		3. Date Incorporated or Qualified 03/26/1973 4. FEI Number 50-1434892 59-1434892 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	
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9. Name and Address of Current Registered Agent RESNIK MD, SORREL S 7800 SW 87TH AVE STE #B-200 MIAMI FL 33173				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			
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	M	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHERYL K NORDSTEDT			1.2 NAME			
STREET ADDRESS	4019 W GRACE ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, TIMOTHY M. M.			2.2 NAME			
STREET ADDRESS	1910 TAUBMAN, BOX 0314			2.3 STREET ADDRESS			
CITY-ST-ZIP	ANN ARBOR MI 48109			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DZUBOW, LEONARD M. M.			3.2 NAME			
STREET ADDRESS	3400 SPRUCE ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19103			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHEELAND, RONALD G. M.D			4.2 NAME			
STREET ADDRESS	8406 RUGGLES COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	FAIR OAKS CA 95628			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROENIGK MD, RANDALL K			5.2 NAME			
STREET ADDRESS	MAYO CLINIC, DEPT OF DERM			5.3 STREET ADDRESS			
CITY-ST-ZIP	ROCHESTER MN			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLEMAN, WILLIAM P. III			6.2 NAME			
STREET ADDRESS	4425 CONLIN STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	METairie LA 70006			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

C. SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/99 847/330-9830

CR2E037 (11/98)