5/1:

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-12-2001 90027 008 ****61.25

DOCUMENT # 725907

1. Entity Name

AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY, INC.

Principal Place of Business	Mailing Address
930 N. MEACHAM RD. SCHAUMBURG IL 60173	930 N. MEACHAM RD. SCHAUMBURG IL 60173

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1434892 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RESNIK MD, SORREL S 7800 SW 87TH AVE STE #B-200 MIAMI FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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.

'00'

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	M ☒ Delete	TITLE	M ☐ Change ☒ Addition
NAME	CHERYL K NORDSTEDT	NAME	KATHERINE J. SVEDMAN
STREET ADDRESS	4019 W GRACE ST	STREET ADDRESS	4895 PRESTWICK PLACE
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	BARRINGTON, IL 60010
TITLE	D ☒ Delete	TITLE	P ☐ Change ☒ Addition
NAME	JOHNSON, TIMOTHY M. M.	NAME	HAROLD J. BRODY, MD
STREET ADDRESS	1910 TAUBMAN, BOX 0314	STREET ADDRESS	478 PEACHTREE STREET, STE 711A
CITY-ST-ZIP	ANN ARBOR MI 48109	CITY-ST-ZIP	ATLANTA, GA 30308
TITLE	D ☒ Delete	TITLE	S(D) ☐ Change ☒ Addition
NAME	DZUBOW, LEONARD M. M.	NAME	TIMOTHY FLYNN, MD
STREET ADDRESS	3400 SPRUCE ST.	STREET ADDRESS	1430 TULANE AVE, TB-36
CITY-ST-ZIP	PHILADELPHIA PA 19103	CITY-ST-ZIP	NEW ORLEANS, LA 70112
TITLE	P ☒ Delete	TITLE	VP(D) ☒ Change ☐ Addition
NAME	COLEMAN, WILLIAM P III	NAME	ROY G. GERONEMUS, MD
STREET ADDRESS	4425 CONLIN STREET	STREET ADDRESS	317 E. 34th STE SUITE 11N
CITY-ST-ZIP	METAIRIE LA 70006	CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	T ☒ Delete	TITLE	T ☐ Change ☒ Addition
NAME	ROENIGK MD, RANDALL K	NAME	ROBERT A. WEISS MD
STREET ADDRESS	MAYO CLINIC, DEPT OF DERM	STREET ADDRESS	ASPEN HILL PROF BLDG, STE 301
CITY-ST-ZIP	ROCHESTER MN	CITY-ST-ZIP	HUNT VALLEY, MD 21030-2845
TITLE	VP ☐ Delete	TITLE	PRESIDENT-ELECT ☒ Change ☐ Addition
NAME	MANDY, STEPHEN H	NAME	
STREET ADDRESS	430 W MAIN ST	STREET ADDRESS	(D)
CITY-ST-ZIP	ASPEN CO 81611	CITY-ST-ZIP	

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SUZANNE SCHRUNDER — 4/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #