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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

RESNIK MD, SORREL S
7800 SW 87TH AVE
STE #B-200
MIAMI FL 33173

7. Name and Address of New Registered Agent

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.

'01

SIGNATURE _____ DATE

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

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

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: [redacted] 4/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #