

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725907

1. Entity Name

AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY, INC.

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90176 012 ****61.25

Principal Place of Business

Mailing Address

930 N. MEACHAM RD.
SCHAUMBURG IL 60173

930 N. MEACHAM RD.
SCHAUMBURG IL 60173

2. Principal Place of Business

3. Mailing Address

5550 Meadowbrook Dr

5550 Meadowbrook Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 120

Suite 120

City & State

City & State

Rolling Meadows IL

Rolling Meadows IL

Zip

Country

Zip

Country

60008

USA

60008

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 SVEDMAN, KATHERINE J 4895 PRESTNICK PLACE BARRINGTON IL 60010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODY, HAROLD J 478 PEACHTREE STREET STE 711A ATLANTA GA 30308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLYNN, TIMOTHY 1430 TULANE AVE TB-36 NEW ORLEANS LA 70112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERONEMLS, ROY W 317 E 34TH STREET STE 11N NEW YORK NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISS, ROBERT A ASPEN HILL PROF BLDG STE 301 HUNI VALLEY MD 21030-2845	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED MANDY, STEPHEN H 430 W MAIN ST ASPEN CO 81611	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4895 Prestwick Place	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cory Skin Center, P.O. Box 1529 Cary, NC 27512	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roy Geronemus	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]

7/11/02

847-956-0900

CR2E037 (4/02)