FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 730975

CUBAN SOCIETY OF DERMATOLOGY, INC. (SOCIEDAD CUBANA DE DERMATOLOGIA, INC.)

Principal Place of Business	ì
625 DE SOTO DRIVE MIAMI SPRINGS FL 33166 US	

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

625 DE SOTO DRIVE MIAMI SPRINGS FL 33166



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FILED May 10, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

10/24/1974

23-7415116

4. FEI Number

Zip Country Zip Country 6. Election Campaign Financing Added to Fees 9. Name and Address of Current Registered Agent BARQUIN, PEDRO M.D. 625 DE SOTO DRIVE MIAMI SPRINGS FL 33166 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	City & State	•	City & S	tate			5. Ce	rtifcate of Status	Desired			75 Ad e Req	ditional
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 95 Zip Code 87 Zip Code 88 Z	23			· ** · ·	Country								
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name BARQUIN, PEDRO M.D. 825 DE SOTO DRIVE MIAMI SPRINGS FL 33166 83 84	Zip		⊢ ¬ '	¬ ¯ ¯			I				, ,		
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BARQUIN, PEDRO M.D. 825 DE SOTIO DRIVE MAMI SPRINCS FL 33168 44 City FL 45 City FL 46 City FL 47 City FL 48 Size Code 48 City FL 48 Ci		9. Name and Address of Curren	t Registered Ag	ent	81	Name		ane and Address	- CI 140W I	togistorou .	190		
B25 DE SOTO DRIVE MIAMI SPRINGS FL 33166 83 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 817.0502 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 SIGNATURE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD Change Addition SIRRETADRESS TITLE SD JULIEN, JUANA MD 12 YAME JULIEN, JUANA MD 22 YAME JULIEN, JUANA MD STREET ADDRESS GNY-ST-ZP MIAMI FL 33139 DELETE 31 TITLE DELETE 31 TITLE Change Addition ZYANGE 32 STREET ADDRESS 44 TITLE CHANGES 43 STREET ADDRESS GNY-ST-ZP TITLE DELETE 51 TITLE Change Addition Addition Addition Addition Addition STREET ADDRESS GNY-ST-ZP TITLE DELETE 51 TITLE Change Addition Addi					Ŭ.					· · ·			
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MAMI SPRINGS FL 33198 84 City FL 85 Zip Code T1. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE T1. OFFICERS AND DIRECTORS T1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DO DELETE T1. TITLE DO DELETE T1. TITLE SD DELETE T1. TITLE					92								
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 1	młami spi	RINGS FL 33166			63								
11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis 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, in minimal with, and accept the obligations of, Section 917.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD NAME KERDEL, FRANCISCO MD L12 NAME STREET ADDRESS GITY-51-2P STREET ADDRESS GITY-51-2P TITLE TD DILETE TD DILETE SIGNATURE SIGNAT					84	City					85	Zip Co	ode
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	CITY-ST-ZIP	att sheet the information grantied wi	th this filing does	not qualify for th			 ed in Section 11	19 07(3)(i). Florida	Statutes	I further cer	ify that	the inf	ormation

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 ar 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:

IRE REQUIRED

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Applied For

\$8.75 Additional

Not Applicable