

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733901

FILED
Aug 27, 2009
Secretary of State

Entity Name: FLORIDA SOCIETY OF DERMATOLOGY AND DERMATOLOGIC SURGERY, INC.

Current Principal Place of Business:

6816 SOUTHPOINT PARKWAY SUITE 1000
JACKSONVILLE, FL 32216

New Principal Place of Business:

11891 MAGNOLIA FALLS DRIVE
JACKSONVILLE, FL 32258

Current Mailing Address:

6816 SOUTHPOINT PARKWAY SUITE 1000
JACKSONVILLE, FL 32216

New Mailing Address:

11891 MAGNOLIA FALLS DRIVE
JACKSONVILLE, FL 32258

FEI Number: 59-1747553 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BODKIN, JR, LARRY E MS, CAE
BODKIN MANAGEMENT AND CONSULTING INC.
2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

NULAND, CHRISTOPHER L ESQ.
1000 RIVERSIDE AVENUE
115
JACKSONVILLE, FL 32204 US

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.

SIGNATURE: /CHRISTOPHER L. NULAND/

08/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZELLMAN, GLENN L M.D.
Address: 7301 NORTH UNIVERSITY DRIVE, SUITE 102
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: SMALLWOOD, KRISTIN M.D.
Address: 1980 NORTH ATLANTIC AVENUE, SUITE 722
City-St-Zip: COCOA BEACH, FL 32931

Title: PE () Delete
Name: SPENCER, JAMES M M.D.
Address: 900 CARILLON PARKWAY, SUITE 404
City-St-Zip: ST. PETERSBURG, FL 33716

Title: ST () Delete
Name: NEMETH, ALBERT M.D.
Address: 3165 NORTH MCMULLEN BOOTH RD., #2
City-St-Zip: CLEARWATER, FL 33761

Title: IPP () Delete
Name: KIRSNER, ROBERT S M.D.
Address: 1600 NW 10TH AVE. RMSB, ROOM 2023-A
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ROBINS, DOUGLAS M.D.
Address: 11891 MAGNOLIA FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: ST (X) Change () Addition
Name: SMALLWOOD, KRISTIN M.D.
Address: 1980 NORTH ATLANTIC AVENUE, SUITE 722
City-St-Zip: COCOA BEACH, FL 32931

Title: IPP (X) Change () Addition
Name: SPENCER, JAMES M M.D.
Address: 900 CARILLON PARKWAY, SUITE 404
City-St-Zip: ST. PETERSBURG, FL 33716

Title: P (X) Change () Addition
Name: NEMETH, ALBERT M.D.
Address: 3165 NORTH MCMULLEN BOOTH RD., #2
City-St-Zip: CLEARWATER, FL 33761

Title: PE (X) Change () Addition
Name: MANUELIDES, LAERTES A M.D.
Address: 8381 RIVERWALK PARK BOULEVARD #101
City-St-Zip: FORT MYERS, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /ALBERT J. NEMETH/

P

08/27/2009

Electronic Signature of Signing Officer or Director

Date