

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733901

FILED
Apr 09, 2012
Secretary of State

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

Current Principal Place of Business:

11891 MAGNOLIA FALLS DRIVE
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11891 MAGNOLIA FALLS DRIVE
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-1747553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMGARDNER, PAULA H
11891 MAGNOLIA FALLS DRIVE
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP
Name: JOELY, KAUFMAN M.D.
Address: 4425 PONCE DE LEON BLVD. SUITE 200
City-St-Zip: CORAL GABLES, FL 33146

Title: S/T
Name: OREN, LIFSHITZ MD
Address: 10887 MILITARY TRAIL SUITE 8
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: KRISTIN SMALLWOOD, MD

P

04/09/2012

Electronic Signature of Signing Officer or Director

Date