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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 FEB 15 PM 3:17

DOCUMENT # 737016 (6)

1. Corporation Name
BROWARD COUNTY DERMATOLOGY SOCIETY, INC.

Principal Place of Business	Mailing Address
1500 E. HILLSBORO BLVD. SUITE 204 DEERFIELD BEACH FL 33441 US	1500 E. HILLSBORO BLVD. SUITE 204 DEERFIELD BEACH FL 33441 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1976
3a. Date of Last Report: 12/21/1994
4. FEI Number: 65-0027432 — Applied For / Not Applicable

2. Principal Place of Business [21] — Suite, Apt. #, etc. [22] — City & State [23] — Zip [24] — Country [25]
2a. Mailing Address [26] — Suite, Apt. #, etc. [27] — City & State [28] — Zip [29] — Country [30]

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

KLOEP, L. PETER
1500 E. HILLSBORO BLVD.
SUITE 204
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		[X] Change [ ] Addition
NAME	ALTMAN, ANDREW M	1.2 NAME	ALTMAN, ANDREW R., M.D.	
STREET ADDRESS	2500 N. UNIVERSITY DR., #10	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33322	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		[X] Change [ ] Addition
NAME	SALEEBY, ELI M.D.	2.2 NAME	SALEEBY, ELI R., M.D.	
STREET ADDRESS	3000 UNIVERSITY DR., #N	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		[X] Change [ ] Addition
NAME	HERSCHTHAL, DAVID M	3.2 NAME	HERSCHTHAL DAVID R., M.D.	
STREET ADDRESS	7401 N. UNIVERSITY DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		[X] Change [ ] Addition
NAME	KLOEP, L. PETER M	4.2 NAME	KLOEP, L. PETER, M.D.	
STREET ADDRESS	1500 E. HILLSBORO BLVD., #204	4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		[ ] Change [ ] Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		[ ] Change [ ] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: L. Kloep M.D. 2/6/95 (305) 421-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

L. PETER KLOEP M.D. FEBRUARY 6, 1995 (305) 421-3200

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