

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737016 (6)
1. Corporation Name
BROWARD COUNTY DERMATOLOGY SOCIETY, INC.



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

3. Date Incorporated or Qualified: **10/12/1976**
3a. Date of Last Report: **02/15/1995**
4. FEI Number: **65-0027432**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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 617.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALTMAN, ANDREW R. M	
STREET ADDRESS	2500 N. UNIVERSITY DR., #10	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SALEEBY, ELI R. M	
STREET ADDRESS	3000 UNIVERSITY DR., #N	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HERSCHTHAL, DAVID R. M	
STREET ADDRESS	7401 N. UNIVERSITY DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KLOEP, L. PETER M	
STREET ADDRESS	1500 E. HILLSBORO BLVD., #204	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Sharaf	
1.3 STREET ADDRESS	201 N.W. 82 nd Ave.	
1.4 CITY-ST-ZIP	Plantation, FL 33324-1853	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	FO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gary Waterman	
3.3 STREET ADDRESS	4101 N.W. 4 th St.	
3.4 CITY-ST-ZIP	Plantation, FL 33317 Suite 109	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eli R. Saleeby **Eli R. Saleeby** April 11, 1996 **954-752-7552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (12/95)