

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 02 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/12/1976	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0027432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 **Eli R. Saleeby**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **3000 University Dr.**

84 City **Coral Springs** **FL** 85 Zip Code **33065**

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

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVID SHARAF	
STREET ADDRESS	201 NW 82ND AVE	
CITY-ST-ZIP	PLANTATION 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 type="checkbox"/> DELETE
NAME	GARY WATERMAN	
STREET ADDRESS	4101 NW 4TH ST, SUITE 109	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KLOEP, L. PETER M	
STREET ADDRESS	1500 E. HILLSBORO BLVD., #204	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Richard Rubenstein	
STREET ADDRESS	7301 N. University Dr.	
CITY-ST-ZIP	TAMPA, FL 33321-2909	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Kathryn Zooli	
STREET ADDRESS	21 Compass Road	
CITY-ST-ZIP	Fort Lauderdale, FL 33308-2103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED *[Signature]* 8-5-97 954-751-7500

CR2E037 (4/97)