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Aug 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. McPham
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
4. FEI Number: 65-0027432
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. No

2. Principal Place of Business: 7421 N. University Dr. Suite, Apt. #, etc. #312 City & State: Tamarac, FL Zip: 33321 Country: Broward
2a. Mailing Address: Same Suite, Apt. #, etc. City & State: Zip: Country:

9. Name and Address of Current Registered Agent: SALEEBY, ELI R 3000 UNIVERSITY DR CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent: Name: Richard Rubenstein Street Address: 7421 N. UNIVERSITY DR SUITE 312 City: TAMARAC FL Zip Code: 33321

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: Richard Rubenstein (Signature) RICHARD RUBENSTEIN (Printed Name) 7-10-98 (Date)

12. OFFICERS AND DIRECTORS

TITLE: RESIDENT PD	NAME: DAVID SHARAF	STREET ADDRESS: 201 NW 82ND AVE	CITY-ST-ZIP: PLANTATION FL	<input type="checkbox"/> DELETE
TITLE: TD	NAME: SALEEBY, ELI R. M	STREET ADDRESS: 3000 UNIVERSITY DR., #N	CITY-ST-ZIP: CORAL SPRINGS FL	<input checked="" type="checkbox"/> DELETE
TITLE: TD VICE PRESIDENT	NAME: GARY WATERMAN	STREET ADDRESS: 4101 NW 4TH ST, SUITE 109	CITY-ST-ZIP: PLANTATION FL	<input type="checkbox"/> DELETE
TITLE: TD	NAME: RUBENSTEIN, RICHARD	STREET ADDRESS: 7421 N UNIVERSITY DR	CITY-ST-ZIP: TAMARAC FL	<input type="checkbox"/> DELETE
TITLE: TD MEMBERSHIP MANAGER	NAME: ZEOLI, KATHRYN	STREET ADDRESS: 21 COMPASS RD	CITY-ST-ZIP: FT LAUDERDALE FL	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:	1.2 NAME:	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: SECRETARY	2.2 NAME: Dan Meirson, M.D.	2.3 STREET ADDRESS: 1 West Sample Rd.	2.4 CITY-ST-ZIP: Pompano Beach, FL 33064 (suite 201)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE:	3.2 NAME:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: SECRETARY	4.2 NAME: RUBENSTEIN RICHARD	4.3 STREET ADDRESS: 7421 N UNIVERSITY DR	4.4 CITY-ST-ZIP: TAMARAC FL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE:	5.2 NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: PROGRAM MANAGER	6.2 NAME: DR. MARINA WILSON	6.3 STREET ADDRESS: RIVERSIDE DRIVE	6.4 CITY-ST-ZIP: CORAL SPRINGS FLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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: Richard Rubenstein (Signature) RICHARD RUBENSTEIN (Printed Name) 7-10-98 (Date)

CR2E037 (10/97)