

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90017 035 ****61.25

DOCUMENT # 737016

1. Entity Name

BROWARD COUNTY DERMATOLOGY SOCIETY, INC. ✓

Principal Place of Business

7421 NORTH UNIVERSITY DRIVE
 SUITE 312
 TAMARAC FL 33321
 US

Mailing Address

7421 NORTH UNIVERSITY DRIVE
 SUITE 312
 TAMARAC FL 33321
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0027432

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBINSTEIN, RICHARD
 7421 NORTH UNIVERSITY DRIVE
 SUITE 312
 TAMARAC FL 33321

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DAVID SHARAF**
 STREET ADDRESS **201 NW 82ND AVE**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
 NAME **BRAD BLICE DO-**
 STREET ADDRESS **5800 CORONA PL NW**
 CITY-ST-ZIP **MARLBOROUGH MA**

TITLE Delete
 NAME **S MEIRSON, DAN M.D.**
 STREET ADDRESS **1 WEST SAMPLE ROAD, SUITE 201**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **GARY WATERMAN**
 STREET ADDRESS **4101 NW 4TH ST, SUITE 109**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **RUBENSTEIN, RICHARD**
 STREET ADDRESS **7421 NORTH UNIVERSITY DRIVE**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ZEOLI, KATHRYN**
 STREET ADDRESS **21 COMPASS RD**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **WILSON, MARONA DR.**
 STREET ADDRESS **RIVERSIDE DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Rubenstein 7/26/00 2:50 PM 220-222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)