

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737016

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: BROWARD COUNTY DERMATOLOGY SOCIETY, INC.

**Current Principal Place of Business:**

10067 PINES BLVD  
SUITE A  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

800 EAST BROWARD BLVD  
SUITE 103  
FORT LAUDERDALE, FL 33301 US

**Current Mailing Address:**

10067 PINES BLVD.  
STE A  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

800 EAST BROWARD BLVD  
SUITE 103  
FORT LAUDERDALE, FL 33301 US

FEI Number: 65-0027432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEIRSON, DAN  
1 WEST SAMPLE RD STE 302  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZEOLI, KATHRYN C  
Address: 10067 PINES BLVD, STE A  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S ( ) Delete  
Name: COHEN, CARLOS  
Address: C/O 10067 PINES BLVD., STE A  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T ( ) Delete  
Name: BABINSKI, PETER  
Address: 800 EAST BROWARD BLVD STE 103  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BABINSKI, PETER L DR  
Address: 800 EAST BROWARD BLVD SUITE 103  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: S (X) Change ( ) Addition  
Name: SNYDER, ROBERT A DR  
Address: 603 NORTH FLAMINGO ROAD SUITE 350  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: T (X) Change ( ) Addition  
Name: GLICK, BRAD DR  
Address: 2960 SR #7 SUITE 101  
City-St-Zip: MARGATE, FL 33063 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER BABINSKI, M.D.

PRES

04/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date