2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State
08-04-2006 90017 028 ****61.25

DOCUMENT # 737016

1. Entity Name
BROWARD COUNTY DERMATOLOGY SOCIETY, INC.

DOU6J3J5U

Principal Place of Business	Mailing Address
800 EAST BROWARD BLVD SUITE 103 FORT LAUDERDALE, FL 33301 US	800 EAST BROWARD BLVD SUITE 103 FORT LAUDERDALE, FL 33301 US

07122006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
17900 N.W. 5th Street	17900 N.W. 5th Street
Suite, Apt. #, etc.: Suite 204	Suite, Apt. #, etc.: Suite 204
City & State: Pembroke Pines FL	City & State: Pembroke Pines FL
Zip: 33029 Country: USA	Zip: 33029 Country: USA

4. FEI Number: 65-0027432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEIRSON, DAN 1 WEST SAMPLE RD STE 302 POMPANO BEACH, FL 33064	Name: SNYDER, ROBERT Street Address (P.O. Box Number is Not Acceptable): 603 N. FLAMINGO Rd. Suite 350 City: Pembroke Pines FL Zip Code: 33028

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 7/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. 5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BABINSKI, PETER L DR 800 EAST BROWARD BLVD SUITE 103 FORT LAUDERDALE, FL 33301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SORBONE PETER D. 5601 N. DIXIE HIGHWAY, SUITE 401 FORT LAUDERDALE FL 33334 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SNYDER, ROBERT A DR 603 NORTH FLAMINGO ROAD SUITE 350 PEMBROKE PINES, FL 33028	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SNYDER ROBERT A Dr 603 NORTH FLAMINGO ROAD SUITE 350 Pembroke Pines FL 33028 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GLICK, BRAD DR 2960 SR #7 SUITE 101 MARGATE, FL 33063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARLOS COHEN, M.D. 17900 NW 5TH ST Suite 204 Pembroke Pines, FL 33029 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ROBERT A. SNYDER _____ 7/31/06 454-435-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 66023330 #737016

MEMORANDUM

TO: FLORIDA DEPARTMENT OF STATE. DIVISION OF CORPORATIONS

FROM: CARLOS COHEN, MD/-BROWARD COUNTY DERMATOLOGY SOCIETY

SUBJECT: REFERENCE 737016

DATE: 8/15/2006

Requested information:

Peter Sarbone, MD Secretary

Robert Snyder, MD President

Carlos Cohen, MD Treasurer

Best regards,

Carlos Cohen, MD