

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.					
Principal Place of Business 800 EAST BROWARD BLVD SUITE 103 FORT LAUDERDALE, FL 33301 US			Mailing Address 800 EAST BROWARD BLVD SUITE 103 FORT LAUDERDALE, FL 33301 US		
2. Principal Place of Business 17900 N.W. 5th Street		3. Mailing Address 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			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MEIRSON, DAN 1 WEST SAMPLE RD STE 302 POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent 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: DATE: 7/31/06					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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. 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	SARBONQ PETER D. 5601 N. DIXIE HIGHWAY SUITE 401 FORT LAUDERDALE FL 33324 ☐ 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	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 DATE: 7/31/06 454-435-5700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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

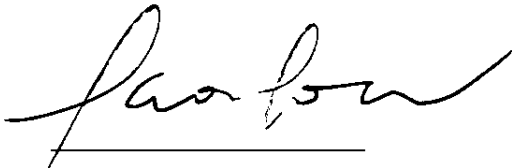
Requested information:

Peter Sarbone, MD Secretary

Robert Snyder, MD President

Carlos Cohen, MD Treasurer

Best regards,



Carlos Cohen, MD