

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737016

FILED
Aug 23, 2007
Secretary of State

Entity Name: BROWARD COUNTY DERMATOLOGY SOCIETY, INC.

Current Principal Place of Business:

17901 NW 5TH ST
SUITE 204
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

17901 NW 5TH ST
SUITE 204
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

17900 NW 5TH ST
SUITE 204
PEMBROKE PINES, FL 33029 US

New Mailing Address:

17900 NW 5TH STREET
204
PEMBROKE PINES, FL 33029

FEI Number: 65-0027432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SNYDER, ROBERT
603 NORTH FLAMINGO RD
PEMBROKE PINES, FL 33020 US

Name and Address of New Registered Agent:

COHEN, CARLOS MD
17900 NW 5TH ST
SUITE 204
PEMBROKE PINES, FL 33029 US

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: CARLOS COHEN

08/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEABONE, PETER D
Address: 5601 NORTH DIXIE HWY SUITE 401
City-St-Zip: FORT LAUDERDALE, FL 33334 US

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

Title: T () Delete
Name: COTTEN, CARLOS MD
Address: 17900 NW 5TH ST SUITE 204
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: SEABONE, PETER D MD
Address: 5601 NORTH DIXIE HWY SUITE 401
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: MEMB (X) Change () Addition
Name: SCHLAM, EVAN MD
Address: 10044 NW 1ST CT
City-St-Zip: PLANTATION, FL 33324

Title: PROG (X) Change () Addition
Name: CHARLIE, NELSON MD
Address: 1800 SE 10TH AVE SUITE 305
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CARLOS COHEN

PRES

08/23/2007

Electronic Signature of Signing Officer or Director

Date