

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737016

FILED
Mar 02, 2009
Secretary of State

Entity Name: BROWARD COUNTY DERMATOLOGY SOCIETY, INC.

Current Principal Place of Business:

5601 N. DIXIE HIGHWAY
SUITE 401
FORT LAUDERDALE, FL 33334 US

New Principal Place of Business:

2505 POINCIANA DRIVE
WESTON, FL 33327 US

Current Mailing Address:

5601 N. DIXIE HIGHWAY
SUITE 401
FORT LAUDERDALE, FL 33334 US

New Mailing Address:

2505 POINCIANA DRIVE
WESTON, FL 33327 US

FEI Number: 65-0027432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARBONE, PETER MD
5601 N. DIXIE HIGHWAY
SUITE 401
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

NOUSARI, CARLOS H MD
2505 POINCIANA DRIVE
WESTON, FL 33327 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 NOUSARI, MD

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: TREA () Delete
Name: NOUSARI, CARLOS MD
Address: 895 SW 30TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: SECY () Delete
Name: SCHLAM, EVAN MD
Address: 10044 NW 1ST COURT
City-St-Zip: PLANTATION, FL 33324

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: NOUSARI, CARLOS H MD
Address: 2505 POINCIANA DRIVE
City-St-Zip: WESTON, FL 33327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 H. NOUSARI

MD

03/02/2009

Electronic Signature of Signing Officer or Director

Date