

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737016

FILED
Sep 17, 2010
Secretary of State

Entity Name: BROWARD COUNTY DERMATOLOGY SOCIETY, INC.

Current Principal Place of Business:

2505 POINCIANA DRIVE
WESTON, FL 33327 US

New Principal Place of Business:

10044 NW 1ST COURT
PLANTATION, FL 33324 US

Current Mailing Address:

2505 POINCIANA DRIVE
WESTON, FL 33327 US

New Mailing Address:

10044 NW 1ST COURT
PLANTATION, FL 33324 US

FEI Number: 65-0027432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHLAM, EVAN H MD
10044 NW 1ST COURT
PLANTATION, FL 33324 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: EVAN H SCHLAM MD

09/17/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SCHLAM, EVAN H MD
Address: 10044 NW 1ST COURT
City-St-Zip: PLANTATION, FL 33324 US

Title: TREA
Name: GREEN, JASON H MD
Address: 5721 NE 27TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SECY
Name: AKHTAR, ASFA MD
Address: 2950 CLEVELAND CLINIC BLVD
City-St-Zip: WESTON, FL 33331

Title: MEMB
Name: FRANKEL, STACY MD
Address: 2951 NW 49TH AVENUE
City-St-Zip: LAUDERDALE LAKES, FL 33313

I hereby 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 all other like empowered.

SIGNATURE: EVAN H SCHLAM MD

PRES

09/17/2010

Electronic Signature of Signing Officer or Director

Date