

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90044 001 ****61.25

DOCUMENT # **737016**

1. Entity Name
BROWARD COUNTY DERMATOLOGY SOCIETY, INC.



Principal Place of Business
**7421 NORTH UNIVERSITY DRIVE
SUITE 312
TAMARAC FL 33321
US**

Mailing Address
**7421 NORTH UNIVERSITY DRIVE
SUITE 312
TAMARAC FL 33321
US**

2. Principal Place of Business
1 WEST SAMPLE RD

3. Mailing Address
1 WEST SAMPLE RD

Suite, Apt. #, etc.
SUITE 302

City & State
POMPANO BEACH, FL



CHECK HERE IF MAKING CHANGES

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
**RUBINSTEIN, RICHARD
7421 NORTH UNIVERSITY DRIVE
SUITE 312
TAMARAC FL 33321**

7. Name and Address of New Registered Agent
Name **DAN MEIRSON**
Street Address (P.O. Box Number is Not Acceptable)
1 WEST SAMPLE ROAD SUITE 302
City **POMPANO BEACH FL** Zip Code **33064**

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 **DAN MEIRSON** DATE **4/11/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GLICK, BRAD	
STREET ADDRESS	5800 COLOAR M DRIVE	
CITY-ST-ZIP	MARGATE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEIRSON, DAN M.D.	
STREET ADDRESS	1 WEST SAMPLE ROAD, SUITE 201	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	TP	<input checked="" type="checkbox"/> Delete
NAME	RUBENSTEIN, RICHARD	
STREET ADDRESS	7421 NORTH UNIVERSITY DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TDMC	<input type="checkbox"/> Delete
NAME	ZEOLI, KATHRYN	
STREET ADDRESS	21 COMPASS RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	WILSON, MARONA DR.	
STREET ADDRESS	RIVERSIDE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN MEIRSON, M.D.	
STREET ADDRESS	1 WEST SAMPLE RD, SUITE 302	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M - MEMBERSHIP CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER BABINSKI	
STREET ADDRESS	800 EAST BROWARD BLVD Suite 103	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **DAN MEIRSON** DATE **4/11/03** (954) 782-7701

CR2E037 (10/02)