

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001409

FILED
Apr 29, 2009
Secretary of State

Entity Name: AMERICAN SOCIETY OF COSMETIC DERMATOLOGY AND AESTHETIC SURGERY, INC.

Current Principal Place of Business:

2563 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2563 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 31-1806497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODKIN, LARRY E JR.
2563 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BODKIN, LARRY E. JR.
Address: 2563 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: ROSS, VICTOR MD
Address: 34800 BOB WILSON DRIVE
City-St-Zip: SAN DIEGO, CA 92134

Title: PE () Delete
Name: BRIDEN, M. ELIZABETH MD
Address: 6525 BARRIE ROAD
City-St-Zip: EDINA, MN 55435

Title: VP () Delete
Name: TOROK, HELEN M. MD
Address: 5783 WOOSTER PIKE
City-St-Zip: MEDINA, OH 44256

Title: P () Delete
Name: HIRSCH, RANELLA J MD
Address: 777 CONCORD AVENUE, SUITE 206
City-St-Zip: CAMBRIDGE, MA 02138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: MONHEIT, GARY D MD
Address: 2100 16TH AVENUE SOUTH, SUITE 202
City-St-Zip: BIRMINGHAM, AL 35205

Title: PE (X) Change () Addition
Name: SPENCER, JAMES M MD
Address: 900 CARILLON PARKWAY, SUITE 404
City-St-Zip: ST. PETERSBURG, FL 33716

Title: S (X) Change () Addition
Name: ROTUNDA, ADAM M MD
Address: 1401 AVOCADO AVENUE, SUITE 810
City-St-Zip: NEWPORT BEACH, CA 92660

Title: P (X) Change () Addition
Name: WERSCHLER, W. PHILIP MD
Address: 104 WEST 5TH AVENUE, SUITE 330W
City-St-Zip: SPOKANE, WA 99204

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: LARRY BODKIN

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date