NICHOLS Fax:941-927-1936 Apr 1 '99 9:50 P.03

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NOT-FOR-PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -1 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
[redacted]

DOCUMENT # F98000003713

1. Corporation Name
INTERNATIONAL LEAGUE OF DERMATOLOGICAL SOCIETIES , INC.

Principal Place of Business	Mailing Address
7045 SOUTH TAMIAMI TRAIL STE 2B SARASOTA FL 34231	7045 SOUTH TAMIAMI TRAIL STE 2B SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1998
4. FEI Number: 52-2057426 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip — 25 Country	29 Zip — 30 Country

9. Name and Address of Current Registered Agent

NICHOLS, BARBARA
7045 SOUTH TAMIAMI TRAIL, STE 2B
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	KATZ, STEPHEN I		1.2 NAME
STREET ADDRESS	31 CENTER DRIVE MSC 2350		1.3 STREET ADDRESS
CITY-ST-ZIP	BETHESDA MD		1.4 CITY-ST-ZIP
TITLE	SD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	NISHIKAWA, TAKEJI		2.2 NAME
STREET ADDRESS	35 SHINANOMACHI, SHINJUKU-KU		2.3 STREET ADDRESS
CITY-ST-ZIP	TOKYO, JAPAN		2.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	COOPER, ALAN		3.2 NAME
STREET ADDRESS	3 WINTON STREET		3.3 STREET ADDRESS
CITY-ST-ZIP	WARRAWEE, AUSTRALIA		3.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	DURAN, MARIA M		4.2 NAME
STREET ADDRESS	TRANS 18A #98-30 APTO 502		4.3 STREET ADDRESS
CITY-ST-ZIP	BOGOTA, COLUMBIA		4.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	GIANNOTTI, BENVENUTO		5.2 NAME
STREET ADDRESS	VIA DEGLI ALFANI 37		5.3 STREET ADDRESS
CITY-ST-ZIP	FLORENCE, ITALY		5.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	KAMINSKY, ANA		6.2 NAME
STREET ADDRESS	AYACUCHO 1570, 5TH FL		6.3 STREET ADDRESS
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA		6.4 CITY-ST-ZIP

7/8/99
4/1/99

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen I Katz, MD — 2/24/99 — 301/496-4353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)