

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90024 046 ****61.25

DOCUMENT # F98000003713

1. Entity Name

**INTERNATIONAL LEAGUE OF DERMATOLOGICAL SOCIETIES
, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 35069
SARASOTA FL 34242**

**P.O. BOX 35069
SARASOTA FL 34242**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2057426

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

6250 AVENIDA NAVARRA

City

SARASOTA

FL

Zip Code

34242

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
KATZ, STEPHEN I
STREET ADDRESS **31 CENTER DRIVE MSC 2350**
CITY-ST-ZIP **BETHESDA MD**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
NISHIKAWA, TAKEJI
STREET ADDRESS **35 SHINANOMACHI, SHINJUKU-KU**
CITY-ST-ZIP **TOKYO, JAPAN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
COOPER, ALAN
STREET ADDRESS **3 WINTON STREET**
CITY-ST-ZIP **WARRAWEE, AUSTRALIA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
GIANNOTTI, BENVENUTO
STREET ADDRESS **VIA DEGLI ALFANI 37**
CITY-ST-ZIP **FLORENCE, ITALY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
KAMINSKY, ANA
STREET ADDRESS **AYACUCHO 1570, 5TH FL**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-02

941-346-1226

CR2E037 (9/01)