

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90060 047 \*\*\*\*61.25

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|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # N04000005732</b><br>1. Entity Name<br>SARASOTA DERMATOLOGICAL SOCIETY, INC.   |   |  |  |
| Principal Place of Business<br>1241 GULF OF MEXICO DR<br>#906<br>LONGBOAT KEY, FL 34228   |   | Mailing Address<br>1241 GULF OF MEXICO DR<br>#906<br>LONGBOAT KEY, FL 34228  |  |
| 2. Principal Place of Business - No P.O. Box #<br>1921 WALDEMERE ST<br>Suite, Apt. #, etc.<br>509<br>City & State<br>SARASOTA FL<br>Zip<br>34239<br>Country   |   | 3. Mailing Address<br>1921 WALDEMERE ST<br>Suite, Apt. #, etc.<br>509<br>City & State<br>SARASOTA FL<br>Zip<br>34239<br>Country  |  |
| 4. FEI Number<br>80-0110555   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   | 01092007 Chg-NP CR2E037 (12/06)  |  |
| 6. Name and Address of Current Registered Agent<br>SWITLYK, STEPHEN A<br>1241 GULF OF MEXICO DR<br>#906<br>LONGBOAT KEY, FL 34228   |   | 7. Name and Address of New Registered Agent<br>Name SWITLYK, STEPHEN A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>1921 WALDEMERE ST, Ste 509<br>City SARASOTA FL Zip Code 34239 |  |
| 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.<br>SIGNATURE  STEPHEN A. SWITLYK 1/9/07<br><small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>   |   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2007   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| Make check payable to Florida Department of State   |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SWITLYK, STEPHEN A<br>1241 GULF OF MEXICO DR<br>LONGBOAT KEY, FL 34228<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SWITLYK, STEPHEN A<br>1921 WALDEMERE ST, STE 509<br>SARASOTA, FL 34239<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like and answered. |   |  |  |
| SIGNATURE:  STEPHEN A. SWITLYK 1/9/07 941-953-9955<br><small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)</small>  |   |  |  |