


AMENDED

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007865 1. Entity Name FLORIDA ACADEMY OF DERMATOLOGY, INC.	
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Principal Place of Business 600 VILLAGE SQUARE CROSSING PALM BEACH GARDENS, FL 33410	Mailing Address 600 VILLAGE SQUARE CROSSING PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE

FILED
 07 JUN 11 PM 12:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

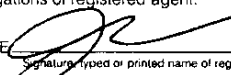


06102007 No Chg-NP
CR2E037 (4/06)

4. FEI Number 20-1512670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEYER, RONALD G ESQ 2544 BLAIRSTONE PINES DRIVE TALLAHASSEE, FL 32301	<i>THEODORE A. SCHIFF</i> <i>600 VILLAGE SQUARE</i> <i>Crossing</i> <i>Palm Beach Gardens, FL 33410</i>
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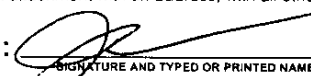
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	<i>THEODORE A. SCHIFF</i>	<i>5/15/07</i>
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SCHIFF, THEODORE A
STREET ADDRESS	600 VILLAGE SQUARE CROSSING
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

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000104424730
 06/15/07--01025--002 **61.25

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 all other like empowered.		
SIGNATURE: 	<i>President</i>	<i>5-15-07</i> <i>861-694-9493</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>