2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# N04000008733

Entity Name: FRIENDS OF LATIN AMERICAN DERMATOLOGY, INC.

Current Principal Place of Business:

1400 NW 12 AVENUE
SUITE 4
MIAMI, FL 33136 US

New Principal Place of Business:

Current Mailing Address:

1400 NW 12 AVENUE
SUITE 4
MIAMI, FL 33136 US

New Mailing Address:

FEI Number: 20-8007471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOREZ-WHITE, MERCEDES MD
16400 COLLINS AVE #941-C26
SUNNY ISLES BEACH, FL 33160 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:	P	( ) Delete
Name:	KERDEL, FRANCISCO MD	
Address:	1400 NW 12 AVENUE, SUITE 4	
City-St-Zip:	MIAMI, FL 33136	
Title:	V	( ) Delete
Name:	STIEFEL, CHARLES W	
Address:	255 ALHAMBRA CIR	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	V	( ) Delete
Name:	ABRAMOVITS, WILLIAM MD	
Address:	5310 HARVEST HILL STE 260	
City-St-Zip:	DALLAS, TX 75230	
Title:	T	( ) Delete
Name:	ZAIAC, MARTIN MD	
Address:	4302 ALTON RD #1005	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	S	( ) Delete
Name:	FLOREZ-WHITE, MERCEDES MD	
Address:	16400 COLLINS AVE #941-C26	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MERCEDES FLOREZ-WHITE, MD DR. 01/30/2008

Electronic Signature of Signing Officer or Director — Date