

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008733

FILED  
Mar 26, 2009  
Secretary of State

**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: FRANCISCO KERDEL

P

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date