## 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:		New Principal Plac	New Principal Place of Business:	
1400 NW 1 SUITE 4	12 AVENUE			
MIAMI, FL	33136 US			
Current M	ailing Address:	New Mailing Addre	ess:	
1400 NW 1	12 AVENUE			
SUITE 4 MIAMI, FL	33136 US			
		El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
	-		o,g	
16400 COL	VHITE, MERCEDES MD LLINS AVE #941-C26			
SUNNY ISI	LES BEACH, FL 33160 US			
	named entity submits this statement for the purp	ose of changing its register	ed office or registered agent, or both,	
	e of Florida.			
	e of Florida.			
SIGNATUF	e of Florida.  RE:  Electronic Signature of Registered Agent		Date  CES TO OFFICERS AND DIRECTOR	
SIGNATUF	e of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTOR	
BIGNATUF DFFICERS	e of Florida.  RE:  Electronic Signature of Registered Agent			
DIGNATUF DFFICERS Title: Jame: Address:	E of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  P () Delete  KERDEL, FRANCISCO MD  1400 NW 12 AVENUE, SUITE 4	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR	
DIGNATUF DFFICERS Title: lame: laddress: Dity-St-Zip:	e of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  P () Delete  KERDEL, FRANCISCO MD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR:  ( ) Change ( ) Addition	
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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